



STATE OF DELAWARE
OFFICE OF THE STATE FIRE MARSHAL

JOHN W. RUDD
STATE FIRE MARSHAL

DOVER OFFICE
HEADQUARTERS

**APPLICATION FOR LICENSING & REPORTING REQUIREMENTS
FOR CENTRAL STATION AND REMOTE STATION SERVICES**

DATE _____

NAME OF COMPANY _____

BUSINESS ADDRESS _____

MAILING ADDRESS _____

TELEPHONE NUMBER _____ FAX NUMBER _____

E-MAIL _____

WEB SITE _____

INDIVIDUAL PARTNERSHIP CORPORATION OTHER

OWNER(S), PARTNERS, OR PRINCIPAL CORPORATE OFFICERS:

NAME	RESIDENCE ADDRESS	BUSINESS ADDRESS	TELEPHONE NUMBER	TITLE

Have you ever been denied any license or permit to engage in central and/or remote and/or monitoring services in any jurisdiction or ever had any license or permit revoked or suspended? ___(IF YES, give complete, specific details on a separate sheet and attach)

Will your company be providing service to the public? YES NO

Regulation 703, Chapter 8 of the Delaware State Fire Prevention Regulations states that each licensee shall file with the Office of State Fire Marshal the name, address, and telephone number of a resident agent within the State of Delaware authorized to act on behalf of and in the interest of the licensee.

Name:	
Company:	
Address:	
Phone:	
Fax:	
E-mail	

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**APPLICATION FOR LICENSING AND REPORTING REQUIREMENTS
FOR CENTRAL STATION AND REMOTE STATION SERVICES**

THE FOLLOWING INFORMATION MUST BE SUBMITTED AS A PART OF THE APPLICATION:
(WHICH IS FULLY INCORPORATED HEREIN BY REFERENCE)

- **The company must make application to the Office of State Fire Marshal and pay the appropriate fees of \$25.00 per company license.** Refer to the State Fire Prevention Regulations, Regulation 703, Chapter 8 and Appendix E
- **The company must maintain a current business address.** Refer to the State Fire Prevention Regulations, Regulation 703, Chapter 8
- **The company must hold a current State of Delaware Business License.** Refer to the State Fire Prevention Regulations, Regulation 703, Chapter 8 (To obtain a Delaware Business License, please contact Delaware Division of Revenue)
- **Applicants for licensure as a Central Station Service shall submit, with the application for licensure and all applications for a renewal of a license, a valid copy of the listing as a central station from the listing organization.** Refer to the State Fire Prevention Regulations, Regulation 703, Chapter 8
- **The company must provide a Certificate of Insurance for Liability with a 10 days prior written cancellation notice. Liability insurance coverage of not less than \$250,000 per person minimum and \$500,000 per accident minimum.** Refer to the State Fire Prevention Regulations, Regulation 703, Chapter 8

NOTE: Your application will be returned if all information requested is not included.

AUTHORIZATION TO RELEASE INFORMATION TO CONTRIBUTOR

As an applicant for the Central Station and Remote Station Service License, I am required to furnish information for use in determining my moral and professional qualifications. In this connection I authorize release of any and all information that you may have concerning me, including information of a confidential and privilege nature.

I hereby release you, your organization, or others from any liability or damage which may result from furnishing the information requested.

- In the event of any change in business address the licensee will notify the State Fire Marshal within fourteen (14) days.
- All insurance certificates shall remain current and in force unless the insurer has terminated future liability by the ten (10) days notice to the State Fire Marshal
- In the event of authorization change or address change of the Resident Agent, the licensee and Resident Agent will notify the State Fire Marshal.
- The licensee and Resident Agent will abide by all the laws, rules, and regulations concerning this license.
- All information on this application and all statements made to procure a license are accurate and correct.

DATE _____ SIGNED _____
LICENSEE

Subscribed and Sworn to before me this _____ day of _____ 20_____

NOTARY PUBLIC

ADDRESS

State of _____

County of _____