

State of Delaware
Office of the State Fire Marshal
1537 Chestnut Grove Road, Dover, DE 19904-1544
Phone (302) 739-4394 / Fax (302) 739-3696
www.statefiremarshal.delaware.gov

APPLICATION FOR FIRE ALARM SIGNALING SYSTEMS CERTIFICATE

1 Applicant				2 Company			
Name:				Name:			
Address:				Address:			
City:				City:			
State:		Zip:		State:		Zip:	
Phone:				Phone:		Fax:	
E-mail:				E-mail:			
Date of Birth:				FMO License Number:		FAL-	

3 Certificate(s) Check off certificates you are applying for:

I – All types of Fire Alarm Signaling Systems under classes IIa, IIb, IIc, III, IVa, IVb, IVc, V and VI
IIa – Limited to Proprietary Systems
IIb – Limited to Emergency Voice/Alarm Communications
IIc – Limited to Emergency and Standby Power Systems
III – Limited to Central Station Facilities and Systems
IVa – Limited to Local Alarm
IVb – Limited to Auxiliary Alarm
IVc – Limited to Remote Alarm
V – Limited to household fire warning equipment in one and two family dwellings
VI – Limited to inspection, testing and maintenance, only, of all types of fire alarm systems
VII – Limited to installation, only, of all types of fire alarm signaling systems

4 Provide the following:

1. If you are not a citizen of the United States of America you must provide paperwork that entitles you to work in the United States of America
2. Proof of your age. (Photo copy of your birth certificate or State Driver’s License)
3. Complete this application and provide a \$25.00 Certificate fee. Make check payable to the State of Delaware
4. Provide documentation that you are a full-time employee of the Fire Alarm Company (letter on company letterhead, signed and dated, from authority stating you are a **full-time** employee)
5. Provide official documentation which shows that you have successfully completed the examinations prescribed by the State Fire Prevention Commission or are a Registered Delaware Professional Engineer
6. Read the Limitations section and sign at the bottom of this page

5 Limitations

A Certificate Holder may only perform the functions for which they hold a certificate. The authority of the Certificate Holder on behalf of the company shall **cease immediately upon separation** of the Certificate Holder’s relationship with the company or upon expiration of the certificate held by the Certificate Holder. The Certificate Holder and the company are each required to **notify** the State Fire Marshal in writing within five (5) business days of the separation between them. Upon the expiration of the current license or within six months (whichever occurs last) if the company has not obtained a Certificate Holder on its staff, the State Fire Marshal shall terminate the company’s license.

Signature	Date Signed
For Office Use Only:	
_____ Check Number _____	_____ Date _____
_____ Amount _____	_____ FAC Number _____
_____ Date Issued _____	