

**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

**Application for In-House Fire Alarm System Certificate (Class VIII)**

| <b>1 Applicant</b> |  |      |  | <b>2 Company</b>    |      |      |  |
|--------------------|--|------|--|---------------------|------|------|--|
| Name:              |  |      |  | Name:               |      |      |  |
| Address:           |  |      |  | Address:            |      |      |  |
| City:              |  |      |  | City:               |      |      |  |
| State:             |  | Zip: |  | State:              |      | Zip: |  |
| Phone:             |  |      |  | Phone:              |      | Fax: |  |
| E-mail:            |  |      |  | E-mail:             |      |      |  |
| Date of Birth:     |  |      |  | FMO License Number: | ILA- |      |  |

**3 Check off systems you will inspect, test, and maintain.**

- Proprietary Systems
- Emergency Voice/Alarm Communication Systems
- Emergency and Standby Power Systems
- Local Alarm Systems
- Auxiliary Alarm Systems
- Remote Alarm Systems
- Household Fire Warning Equipment 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 In-House 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 Signature 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 termination 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 termination of the relationship between them. Upon the expiration of the current license or within six months (whichever occurs last) if the company does not have another certificate holder on its staff, the State Fire Marshal shall terminate the company's license.

|                  |                    |
|------------------|--------------------|
|                  |                    |
| <b>Signature</b> | <b>Date Signed</b> |