

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 EXTINGUISHER LICENSE

| 1 Applicant | | | 2 Company (if applicable) | | |
|--|------|---|----------------------------------|------|--|
| Name: | | | Name: | | |
| Address: | | | Address: | | |
| City: | | | City: | | |
| State: | Zip: | | State: | Zip: | |
| Phone: | | | Phone: | Fax: | |
| E-mail: | | | E-mail: | | |
| Date of Birth: | | | | | |
| Existing FEL License Number (if applicable): | | <input type="checkbox"/> Check if Self-Employed | | | |

3 Please 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 \$100.00 fee. Make check payable to the State of Delaware
- 4 Successfully pass Fire Extinguisher exam
- 5 Signature at the bottom of this page

Signature

Date Signed

For Office Use Only:

Check Number _____ Date _____ Amount _____ FEL Number _____ Date Issued