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 SUPPRESSION SYSTEMS CERTIFICATE / Class V

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:	FSL-		

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

- ☐ Va – Limited to pre-engineered CO2 fire suppression systems
- ☐ Vb – Limited to pre-engineered clean agent fire suppression systems
- ☐ Vc – Limited to pre-engineered foam fire suppression systems
- ☐ Vd – Limited to pre-engineered dry chemical fire suppression systems
- ☐ Ve – Limited to pre-engineered wet chemical fire suppression systems
- ☐ Vf – Limited to pre-engineered water mist fire suppression 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 $100.00 Certificate fee. Make check payable to the State of Delaware
4. Provide documentation that you are a full-time employee of the Fire Suppression 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** _____ **FSC Number** _____ **Date Issued**