

STATE OF MARYLAND DEPARTMENT OF STATE POLICE OFFICE OF THE STATE FIRE MARSHAL

http://mdsp.org/firemarshal



APPLICATION FOR SERVICING AND REPAIRING PORTABLE FIRE EXTINGUISHERS

APPLICATION TYPE: NEW RENEWAL (Current Certification Number: Expiration Date:)

Application is hereby made this date ______for a License to service, repair, fill or refill portable fire extinguishers in the State of Maryland.

I hereby agree that all servicing, installation, testing, repairing, filling or refilling of portable fire extinguishers by myself or my business will be in accordance with the provisions of COMAR 29.06.01.11 and the State Fire Prevention Code.

Applicant Name:	Date of	Birth:		
Home Address:				
City:	State:		Zip Code:	
Home Phone:	Email:			
Business Name:				
Business Address:				
City:	State		Zip Code:	
Business Phone:	Fax:			

NEW Applicants Must Complete this Section

- 1. Submit a resume of qualifications and copies of current training certificates with your application.
- 2. New or expired applicants will be required to take a written exam based on NFPA 10.
- 3. Do you intend to perform Low Pressure Testing?: YES NO
- 4. Do you intend to perform High Pressure Testing?: YES NO
- If you answered "No" to either question above, you must indicate who will be performing that work. The business must be licensed with the State Fire Marshal's Office.
 Business Name: ______ License No.: _____
- 6. How many years of experience do you have in servicing, installing, testing, filling or refilling portable fire extinguishers? _____

All work shall be performed in compliance with adopted edition of NFPA 10. A copy of this standard shall be on the premises of the licensee.

Regulations under the guidelines of NFPA 1 require three (3) year license renewals from date of issuance. Also be reminded if your company has a change of contact information, it needs to be submitted to the Office of the State Fire Marshal in writing to allow updating of records held on file.

Applicant Signature:		Date:
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APPLICATION INSTRUCTIONS

- 1. **NEW Applicants-** Submit with your application: a resume of qualifications, training, employment history and copies of any current certifications.
- 2. Permit holders shall give the State Fire Marshal written notice of change of address within ten (10) business days after the change.
- 3. All areas of this application must be completed before submission. Failure to complete any part of this application may result in a delay in the processing of this application. Thank you for completing this application in its entirety.

SUBMIT APPLICATION AND TO:	Office of the State Fire Marshal Mary E. W. Risteau Multi-Service Center 2 South Bond Street, Suite 401 Bel Air, MD 21014	Voice:	410-836-4844

<u>WARNING:</u> ANY PERSON WHO WILLFULLY MAKES A FALSE STATEMENT ON THIS APPLICATION IS GUILTY OF A MISDEMEANOR AND ON CONVICTION IS SUBJECT TO A FINE OF NOT MORE THAN \$1,000.00 OR IMPRISONMENT NOT EXCEEDING THREE (3) YEARS, OR BOTH.

FOR OFFICE OF STATE FIRE MARSHAL USE ONLY

Date of Testing:				
Test Proctor:		Test Location:		
Passed:	Yes: 🗌 No: 🗌	Application Approved:	Yes: 🗌 No: 🗌	
License Number:		Expiration Date:		
Employee Printed Name:			Employee ID Number:	
OSFM En	nployee Signature		Date	