

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

http://mdsp.org/firemarshal



## APPLICATION FOR INSTALLATION, SERVICING AND REPAIRING NON-WATER BASED FIRE EXTINGUISHING SYSTEMS

APPLICATION TYPE:	NEW 🗌	RENEWAL [] (Curre	ent Certification	Number	<u>.</u>	Expirati	ion Date:	)
		ates in the State of Maryla		icense to	install,	service, r	epair or refill	non-water
		stallation, testing, repair ance with the provision						
		2  Kitchen Hood \		•		al 🗌 C	lean Agent [	]
Carlot (provide rial	no or oyoto	,						
Applicant Name:				Date of E	irth:			
Home Address:								
City:				State:			Zip Code:	
Home Phone:				Email:				
Business Name:								
Business Address:								
City:				State			Zip Code:	
Business Phone:				Fax:				
NEW Applicants Mus	st Comple	te this Section						
<ol> <li>Do you intend to</li> <li>If you answered "I The business must Business Name:</li> </ol>	perform H No" to the o st be licens	eations with your applications with your application above, you musted with the State Fire	?: YES  ust indicate who  Marshal's Office	NO 🗌 will be p e. Lio	erformii cense N	ng that wo		1 firo
extinguishing sys	stems?	compliance with adopt		O.	J	J		
Regulations under the be reminded if your communications.	ndards sha e guideline company ha	sompliance with adoption of the premises of NFPA 1 require the same as a change of contact llow updating of record	of the licensee. hree (3) year lic t information, it	ense rer	newals	from date	of issuance.	Also
	-			Da	ate:		_	

## **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 RESUME TO: Office of the State Fire Marshal Voice: 410-836-4844

Mary E. W. Risteau Multi-Service Center

2 South Bond Street, Suite 401

Bel Air, MD 21014

<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

Application Approved:	Yes:	]			
License Number:			<b>Expiration Date:</b>		
Employee Printed Name:				Employee ID Number:	
OSFM Employee Signature				Date	