Fire Extinguisher Program

APPLICATION

Concern License/Status Change

*This original application must be accompanied by the required non-refundable fee.

☐ New Application Retail Concern ($625.00 fee)
☐ Ownership Change ($625.00 fee)
☐ Location Change ($325.00 fee)
☐ Upgrade ($325.00 fee)

☐ Adding Partner (no fee)
☐ Deleting Partner (no fee)
☐ Name Change (no fee)

New Concern License Name: _____
(Company names must be approved by our office prior to licensing)

Previous Concern Name: _____ E#: _____
(Required if applying for name change)

Previous Physical Address: _____

New Physical Address: _____

Mailing Address (if different) _____

Owner/Contact Person: _____ Telephone: _____

Indicate type(s) applying for: ☐A ☐B ☐C ☐D ☐E ☐F (see attachment "A" for definition)

☐ Retail - A "Retail" licensed Fire Extinguisher Company shall be qualified and have the capability as specified by section 595.5 (a) to perform any or all the services listed per Type A (Class B, C, D, E and F), Type B, Type C, Type D, Type E and Type F as determined and authorized by the State Fire Marshal. (Refer to page 2 for definitions types)

SUBMISSION: A completed application (on an original application form) and all required supplemental data should be submitted to the address listed below. Evaluations will be reviewed in the order in which they are received at CSFM. ***Failure to supply all needed information (including signature) will result in a delay of processing of the application package.***

*All applications received prior to December 1st will require a renewal, including payment, for the next calendar year.

Submit application completed in its entirety to**:**

CDF/State Fire Marshal
Cashiers Unit/Fire Extinguisher Program
PO BOX 997446
Sacramento CA 95899-7446

If sent by priority mail (FedEx, UPS, etc…)

Office of the State Fire Marshal
Fire Engineering / Extinguishers
1131 S Street
Sacramento, CA 95811
Office: (916) 445-8376

PLEASE READ CAREFULLY: The following documentation is required with ALL application. Missing documentation will result in the delay of processing your submitted information

1. ☐ Describe method used to hydrostatic test low-pressure non-D.O.T. specification fire extinguisher cylinders. (All licensees must posses the proper tools and equipment to perform this service).

_____

_____

2. ☐ Applications for Type B, C, D, and/or F license classifications must provide a reciprocal agreement letter for high pressure hydrostatic testing from a TYPE A or E licensed company: include their retail concern number and license classification type. Attach letter to this application. Any changes to letters of agreement shall be reported to the State Fire Marshal within 15 days of the change. Per section 595.5 (a) 2, 3, 4, 5 and 6; for fire extinguisher cylinders manufactured to D.O.T. specifications.

3. ☐ Application for a Type A or E license classification; attach a copy of current D.O.T. certification with this application along with D.O.T. Retester Identification Number (RIN).

4. ☐ Application for Type A of F must attach a copy of the GETZ Certificate that bears the company name.

5. ☐ Attach a copy of your Certificate of Liability Insurance certificate. Proof of bodily injury/property damage insurance must be provided prior to issuance of licensing per section 595.13.

6. ☐ Attach a copy of your local business license. The business license must reflect the current physical location of business. If you are not required to obtain a license for business in your city/county, please enclose a letter stating from them that it is not required.

7. ☐ Attach a copy of your Sellers Permit issued to your company by the Board of Equalization.

8. ☐ Provide written documentation of at least 24 months of experience in the servicing maintenance, recharging, hydrostatic testing and installation of portable fire extinguishers. This shall be accomplished by having their fire extinguisher service employer submit letter(s) on their letterhead attesting to this experience. This correspondence shall indicate their length of employment, an estimate of the number and type of portable fire extinguishers that they have experience with and a statement that the individual has the necessary experience to obtain a license. Additional documentation may include training certificates from the various fire extinguisher manufacturers and college classes related to Fire Science.

9. ☐ Provide a copy of owners Certificate of Registration (must hold Type 1&2)

10. ☐ Provide a list of employees (with each application), including you, their EE number and types of services performed. Attach additional sheets as necessary.

Name _____ EE# _____ Types _____

Name _____ EE# _____ Types _____

Name _____ EE# _____ Types _____

Name _____ EE# _____ Types _____

Instructions for signing:

I certify that I am familiar with the statutes contained in the California Health and Safety Code and the regulations contained in Title 19, California Health and Safety Code and the regulations contained in Title 19, California Code of Regulations, relating to portable fire extinguishers; that all statements made by me on this application are to the best of my knowledge true and correct.

I hereby authorize the State Fire Marshal and any of his properly authorized employees at any time to enter, examine, inspect any premises, building, room or establishment used in servicing, charging or testing portable fire extinguishers to determine compliance with the provisions on state law and the regulations and standards adopted by the State Fire Marshal.

Sole Ownership:

Print Name _____ Signature _____ Date _____

Partnership: ☐**New** ☐**Add** ☐**Delete**

Print Name _____ Signature _____ Date _____

Print Name _____ Signature _____ Date _____

Corporation (Application shall bear the Seal of Corporation or a copy of the Article of Incorporation):

President
Print Name _____ Signature _____ Date _____

Vice President
Print Name _____ Signature _____ Date _____

General Manager
Print Name _____ Signature _____ Date _____

Secretary
Print Name _____ Signature _____ Date _____

Treasurer
Print Name _____ Signature _____ Date _____

If application is for ownership change, or adding/deleting partner, the printed name and signature of the previous individual owner, partners, or corporate officers certifying release of interest, must appear below.

Print Name _____ Signature _____ Date _____

Print Name _____ Signature _____ Date _____

ATTACHMENT "A"

****Please Note: Licensees must possess ALL necessary service manuals, tools, parts and equipment to perform the necessary tests and service that they are licensed for. Please refer to attached supply list.**

Type A The classification of license (595.5 (a) (1)) to service, recharge, inspect, and conduct hydrostatic tests on any or all type of extinguishers. Includes all service and tests permitted for B, C, D, E and F licenses. This includes halogenated agent fire extinguishers six-year tear down, hydrostatic tests of high-pressure fire extinguisher cylinders as well as being a D.O.T. approved cylinder requalification facility for testing D.O.T. low-pressure fire extinguisher specification cylinders. An "A" license must possess all necessary service manuals, tools, parts and equipment to perform necessary tests and service.

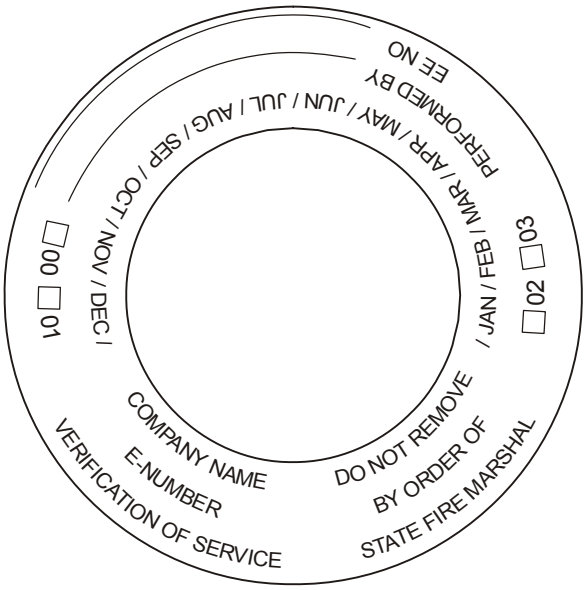
Type B The classification of license (595.5 (a) (2)) to perform maintenance and recharging of water based fire extinguishers and external maintenance of carbon dioxide fire extinguishers.

Type C The classification of license (595.5 (a) (3)) to conduct hydrostatic tests of low-pressure fire extinguisher cylinders. A fire extinguisher concern possessing this class of license shall be a D.O.T. approved cylinder re-qualification facility **if** D.O.T. specification cylinders are tested.

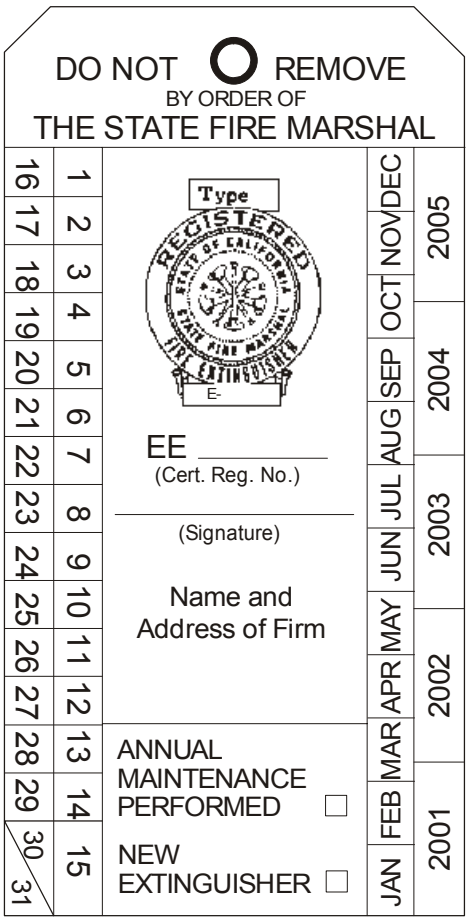
Type D The classification of license (595.5 (a) (4)) to perform maintenance and recharging of dry chemical, dry powder and **external maintenance of halogenated agent fire extinguishers.**

Type E The classification of license (595.5 (a) (5)) to conduct hydrostatic tests of high pressure fire extinguisher cylinders, and perform internal maintenance and recharging of carbon dioxide fire extinguishers. A Fire extinguisher concern possessing this class of license shall be a D.O.T. approved cylinder requalification facility.

Type F The classification of license (595.5 (a) (6)) to perform internal maintenance recharge and recover halogenated agents from portable fire extinguishers. A fire extinguisher concern possessing this license shall have a listed Halon 1211 closed recovery system.



VERIFICATION OF SERVICE COLLAR



ANNUAL MAINTENANCE TAG

2001		2002		2003		2004		2005			
1	2	3	4	5	6	7	8	9	10	11	12

CONCERN NAME
ADDRESS RIN
E-NUMBER

HYDROSTATICALLY TESTED AT P.S.I. ☐ S - MODIFIED TEST

1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6	7	8	9	0

HYDROSTATIC TEST LABEL
D.O.T. SPECIFICATION CYLINDERS

2001		2002		2003		2004		2005			
1	2	3	4	5	6	7	8	9	10	11	12

CONCERN NAME
ADDRESS
E-NUMBER

HYDROSTATICALLY TESTED AT P.S.I.

1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6	7	8	9	0

HYDROSTATIC TEST LABEL
NON-D.O.T. SPECIFICATION CYLINDERS