



DEPARTMENT OF FORESTRY AND FIRE PROTECTION  
 OFFICE OF THE STATE FIRE MARSHAL  
 FIRE ENGINEERING DIVISION  
 PORTABLE FIRE EXTINGUISHER PROGRAM  
 APPLICATION FOR CONCERN LICENSE/STATUS CHANGE

**SECTION I** General Information

Company Name: \_\_\_\_\_

Note: ALL company names must be approved prior to licensing; contact (916) 445-8396 for approval

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**SECTION II** Fee Schedule

- \$625.00 New Application (complete all but section VII)
- \$625.00 Ownership Change (complete all but section VII)\*must include notarized letter of sale
- \$325.00 Location Change (complete Section V and VII)\*must include notarized signature of any and all partners (if applicable) agreeing to the change
- \$325.00 Upgrade (complete Section III, and V)
- \$0.00 Adding Partner (complete Section V)\*must include notarized Partnership Agreement
- \$0.00 Deleting Partner (complete Section V)\*must include notarized letter of Termination Agreement
- \$0.00 Name Change (complete Section V and VII)

**SECTION III** Application is hereby made for the following:

Indicate type(s) applying for:  A  B  C  D  E  F (see Section VIII for definition of types)

Applicant to be licensed as:  Individual  Corporation  Partnership

**SECTION IV** Submission

A completed application (on an **original application** form) and all required supplemental data should be submitted to the address listed below. Applications will be reviewed in the order which they are received at the Office of the State Fire Marshal (OSFM). Failure to supply all needed information (including signature or illegible applications) will result in the delay of processing or rejection of your application. Please make checks/money orders payable to CAL FIRE/OSFM and mail with application to:

**CAL FIRE / Office of the State Fire Marshal  
 Cashiers Unit / Fire Extinguisher Program  
 P.O. Box 997446  
 Sacramento, CA 95899-7446**

*Must submit one application per location. Physical address(es) may not be P.O. Boxes  
 Please contact the Assistant Program Coordinator with questions. (916) 445-8396*

For Departmental Use Only  
 PCA 59421  
 Index 5942  
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**SECTION V**

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 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 Office of 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 of portable fire extinguishers to determine compliance with the provisions of state law and the regulations and standards adopted by the Office of the State Fire Marshal.

**SOLE OWNER:**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARTNERSHIP**  Add  Delete

Each partner, including a limited partner, must sign. The printed name and signature of the previous individual owner, partners, or corporate officers certifying release of interest, must appear below. Please attach separate sheet for additional space if needed. (Application MUST include a copy of the notarized Partnership Agreement or Termination of Partnership agreement)

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CORPORATION** (Application MUST include a copy of the Articles of Incorporation and/or notarized agreement by all partners if Location Change is requested)

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: \_\_\_\_\_

**SECTION VI**

The following documentation is required with ALL applications. Missing documentation will result in the delay of processing or rejection of your application.

1. The company name must be approved by the Office of the State Fire Marshal's Portable Fire Extinguisher Program before submitting this application.
2. The owner must possess a valid **Type 1 & 2** Certificate of Registration.

Owners Certificate of Registration EE Number: \_\_\_\_\_

3. **The owner must have at least 24 months of experience with Type 1 & 2.** Please 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 the 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 portable fire extinguisher manufacturers and college classes related to Fire Science.
4. The company must have a certificate of liability insurance with a minimum of \$1,000,000.00 in general liability coverage. The company must also provide a copy of their current Worker's Compensation Insurance. Please provide proof of insurance (note that the address listed on the coverage must match the physical address listed on this application). Also, please list "Office of the State Fire Marshal" as the Certificate Holder.
5. If applicable, the company must have a local business license from the city/county of physical location. Please provide a copy of this license (note that the address listed on the license must match the physical address listed on this application). **If not applicable, provide written documentation proving that the city/county does not require a business license.**
6. **The company must have a Board of Equalization Resale License.** Please provide a copy of this license (note that the address listed on the license must match the physical address listed on this application). **Resale Permit #** \_\_\_\_\_
7. Please provide a list of technicians (include name, EE number, and Type held). Please attach separate sheet for additional space if needed. Please provide a photo copy of each technician's current Certificate of Registration ID card (front and back).

Name: \_\_\_\_\_ EE Number: \_\_\_\_\_ Type: \_\_\_\_\_

## **SECTION VII**

The following section is for Name/Location changes only.

1. List new company name/address

New Company Name: \_\_\_\_\_

**Note: ALL company names must be approved prior to licensing; contact (916) 445-8396 for approval**

New Physical

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. The company must have a certificate of liability insurance with a minimum of \$1,000,000.00 in general liability coverage. The company must also provide a copy of their current Worker's Compensation Insurance. Please provide proof of insurance with the new name/address.\*
3. If applicable, the company must have a local business license from the city/county of location. Please provide the license with the new name/location. If not applicable, provide written documentation proving that the city/county does not require a business license.\*
4. The company must have a Board of Equalization Resale Permit. Please provide a copy of this license with the new name/location.\*

\*All documentation requested for Name or Location Changes MUST have the updated name and address on them at the time submitted. Failure to provide necessary documentation will result in immediate denial of request. A notarized agreement letter signed by each partner must be provided for all Location Change applications or Partnership Change applications.

### **IMPORTANT NOTICE:**

***(1) This application will not be accepted without the appropriate non-refundable fee. All items must be completed. An incomplete application could be the basis for denial of a license.***

***(2) WHEN FILED WITH AN APPLICATION, ALL DOCUMENTATION PROVIDED BECOMES THE PROPERTY OF THE OFFICE OF THE STATE FIRE MARSHAL AND WILL BE RETAINED FOR OUR RECORDS.***

***(3) The Office of the State Fire Marshal will verify each piece of documentation that is submitted as proof of experience. Any misinformation or deception will be grounds for denial. If the OSFM does not believe that you possess the appropriate experience and training, your application will be denied. The preceding required information is related only to the experience qualification requirements and the balance of the license application would still have to be completed in its entirety.***

***(4) Per the California Code of Regulations, Title 19, Chapter 3, Section 560(h) the fee for a second and/or each subsequent re-inspection will be an additional \$200.00 charge, due prior to the inspection being completed.***

## **SECTION VIII** Definition of Types

- Type A** The classification of license (595.5 (a) (1)) to service, recharge, inspect, and conduct hydrostatic tests on any or all type of portable fire 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 portable 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 portable 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 portable fire extinguisher concern possessing this license shall have a listed Halon 1211 closed recovery system.

## **SECTION IX**

The following are additional documents needed for specific application types

<b>Type</b>	<b>Additional Documentation</b>
A, E	Attach a copy of current D.O.T. Certification Letter along with D.O.T. Retester Identification Number (RIN)
A, F	Attach a copy of the Certificate for the halogenated processor that bears the company name. (i.e. GETZ Certificate, etc.)
A, C, E	Describe method used to hydrostatic test low-pressure non-D.O.T. specification fire extinguisher cylinders.
B, C, D, E, F	<p>Per section 595.5 (d) Every licensed concern that is not authorized to perform specific acts shall have on file with the Office of the State Fire Marshal reciprocal letters of agreement to perform those specific acts from licensed concerns who are authorized. All required reciprocal letters of agreement shall be submitted to the Office of the State Fire Marshal with each original, renewal, and status change application for license. Any changes to reciprocal letters of agreement shall be reported to the Office of the State Fire Marshal within 15 days of the change. Please provide reciprocal agreements for the maintenance your company will not be licensed for. They must include:</p> <ol style="list-style-type: none"><li>1. Maintenance and recharging of water based fire extinguishers and external maintenance of carbon dioxide fire extinguishers.</li><li>2. Conduct hydrostatic tests of low-pressure fire extinguisher cylinders.</li><li>3. Maintenance and recharging of dry chemical, dry powder fire extinguishers.</li><li>4. Hydrostatic tests of high pressure fire extinguisher cylinders, and perform internal maintenance and recharging of carbon dioxide fire extinguishers from fire extinguisher concern possessing this class of license shall be a D.O.T. approved cylinder requalification facility.</li><li>5. Internal-External maintenance recharge and recover halogenated agents from portable fire extinguishers. A fire extinguisher concern possessing this license shall have a listed Halatron closed recovery system.</li></ol>