



**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 (Current Certification Number: _____ Expiration Date: _____)

Application is hereby made this date _____ for a license to install, service, repair or refill non-water based fire extinguishing systems in the State of Maryland.

I hereby agree that all servicing, installation, testing, repairing or refilling of non-water based fire extinguishing systems by myself or my business will be in accordance with the provisions of COMAR 29.06.01.11-1 and the State Fire Prevention Code.

Type of System(s) Serviced: CO2 Kitchen Hood Wet Chemical Dry Chemical Clean Agent

Other (provide name of system) _____

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 with your application. **(List all relevant training).**
2. Do you intend to perform High Pressure Testing?: YES NO
3. If you answered "No" to the 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.: _____
4. How many years of experience do you have in servicing, installing, testing, filling or refilling non-water based fire extinguishing systems? _____

All work shall be performed in compliance with adopted editions of NFPA 12, 12A, 17, 17A, 2001 and 2010. A copy of applicable standards 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: _____

