

APPLICANT AFFIRMATION

I, the **APPLICANT**, do hereby acknowledge and affirm the following:

- a) In the event of any change of business address, notification will be made to the State Fire Marshal in writing within fourteen (14) days.
- b) All Designated Qualified Individuals shall be an owner or permanent and dedicated employee of the fire sprinkler contractor.
- c) In the event of termination of the Designated Qualified Individual(s), notification will be made to the State Fire Marshal in writing within five (5) days of termination.
- d) In the event of any change to the information submitted on this application, notification will be made to the State Fire Marshal in writing within fourteen (14) days from the date of change.
- e) All insurance certifications shall remain current and in force with a 30-day cancellation notification provision.
- f) All NICET Certificates/Maryland Professional Engineer's License shall remain current and in force.
- g) All the laws, rules, regulations and permitting requirements concerning this license will be abided in compliance with the State of Maryland, and all the County and Local Jurisdictions wherein business operations are conducted.
- h) In the event of any change of business listing to either "inactive" or "forfeited" in accordance with the Maryland Department of Assessments and Taxation, notification will be made to the State Fire Marshal within (5) days.

SIGNATURE OF DESIGNATED QUALIFIED INDIVIDUAL	DATE

State of _____

County of _____

On this _____ day of _____, 20____, before me, the undersigned officer, personally appeared before me _____, the named Designated Qualified Individual of the

(name of Designated Qualified Individual to be printed here)

business, and made oath in due form of the law that all information on this application and all statements made to procure a license are full, complete, correct, and true to the best of his/her knowledge, information, and belief; and also made oath that he/she is the Designated Qualified Individual and is duly authorized to make this affidavit.

(SEAL)

NOTARY PUBLIC SIGNATURE	
My Commission Expires:	

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WARNING: 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.
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