

Office of the State Fire Marshal

Division of Fire Prevention ● 1035 Stevenson Drive ● Springfield, Illinois 62703-4259

Fire Equipment Distributor License Application

Any person, partnership, corporation or other business entity which applies for an Illinois Fire Equipment Distributor license under the Fire Equipment Distributor and Employee Regulation Act (PA 85-1434) is required to register and submit disclosure information to the Illinois Office of the State Fire Marshal. Failure to provide any information will result in this application not being processed.

Type of Application: New Applicant
 Renewal (License # _____)

Name and Address of Business

Name of Business: _____

Name of Authorized Representative/Owner: _____ Title _____

Address: _____ Federal Employer Identification Number
(FEIN): _____

City: _____ State: _____ Zip Code: _____ County: _____

Phone () _____ Fax: () _____ Email Address: _____

PLEASE CHECK TYPE OF LICENSE APPLYING FOR:

Class **A** Will service, recharge, hydro-test, install, maintain or inspect all types of fire extinguishers. (*Fee: \$100.00*)

Class **B** Will service, recharge, hydro-test, install, maintain or inspect pre-engineered fire suppression systems. *Current Distributor for which manufacturer(s):*

(*Fee: \$200.00*) _____

Class **C** Will service, recharge, hydro-test, inspect and engineer all types of engineered fire suppression systems. (*Fee: \$300.00*)

Additional Information Required.

Provide evidence of registration as an Illinois corporation or evidence of compliance with the Assumed Business Name Act [805 ILCS 405].

Provide evidence of financial responsibility in a minimum amount of \$1,000,000 through liability insurance, self-insurance, group insurance, group self-insurance or risk retention group.

Provide a copy of the identification number issued to the applicant by the United States Department of Transportation (USDOT) if engaged in hydro-testing and/or visually inspecting fire suppression devices or systems utilizing USDOT specification cylinders.

Provide Letter from the Illinois Department of Revenue indicating:

- Retail Occupational Tax Number (R.O.T.)
- Federal Employer Identification Number (F.E.I.N.)

(Illinois Dept. of Revenue Registration Division 217-785-3707)

Please provide a listing of all employees presently in your employment that will be required to be licensed under this Act. (If you need additional space, please list on separate paper and attach.)

Employee Name **Social Security Number¹**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The above listed individuals are currently employed by this Distributor and will be subject to “employee” licensing requirements under the Illinois Fire Equipment distributor and Employee Regulation Act.

License Fee and Renewal License Fee

Once your application has been reviewed and approved, **you will be invoiced for the applicable fees.**

Do not remit fees with application.

Failure to sign forms, submit necessary information, or provide attachments will cause your application to be returned and no license will be issued until all requirements are complete.

I certify that that I am authorized to sign this application and that all information contained herein is accurate and true, furthermore I certify that during the term of my Fire Equipment Distributors license, I will maintain all licensing requirements and qualifications, including but not limited to, required insurance/financial responsibility, licenses, letters of clearance and certifications.

Signature: _____

Print Name: _____

Title: _____

Telephone No.: () _____ Date: _____

¹ The Identity Protection Act, 5 ILCS 179/1 *et seq.*, requires each local and State government agency to draft, approve, and implement an Identity-Protection Policy that includes a statement of the purpose or purposes for which the agency is collecting and using an individual’s Social Security Number (SSN). This statement of purpose is being provided to you because you have been asked by the OSFM to provide your SSN or because you requested a copy of this statement. You are being asked for your SSN for one or more of the following reasons: Internal verification and/or potential collection of fees, penalties or fines. We will only use your SSN for the purpose for which it was collected. We will not: Sell, lease, loan, trade, or rent your SSN to a third party for any purpose; Publicly post or display your SSN; Print your SSN on any card required for you to access our services; Require you to transmit your SSN over the Internet, unless the connection is secure or your SSN is encrypted; or Print your SSN on any materials that are mailed to you, unless state or federal law requires that number to be on documents mailed to you, or unless we are confirming the accuracy of your SSN.