Office of the State Fire Marshal

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

Fire Equipment Distributor Employee License Application

Any Fire Equipment Distributor Employee, who applies for an Illinois License under the Fire Equipment Distributor and Employee Regulation Act (Public Act 85-1434) whether employed on a full or part-time basis, shall not, under any circumstances, act or assume to act as a licensed distributor representative unless such person is licensed by the Office of the State Fire Marshal.

Applicant is required to register and submit disclosure information to the Office of the State Fire Marshal. Failure to do so will result in this application not being processed. Please provide 2 1"x1" photographs and the following information:

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

Name of **Employee**: _____

Employee Address: _____ Social Security #: _____

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

Phone ( ) _____

Name of **Distributor/Employer**:_____

Distributor Address: _____

City: _____ State: ____ Zip Code: _____ Email Address: _____

PLEASE CHECK TYPE OF LICENSE APPLYING FOR:

❑ Class **1** Will service, recharge, hydro-test, install, maintain or inspect all types of fire extinguishers. (***Fee: $20.00)***

❑ Class **2** Will service, recharge, hydro-test, install, maintain or inspect pre-engineered fire suppression systems. ***(Fee: $20.00)***

❑ Class **3** Will service, recharge, hydro-test, inspect or engineer all types of engineered fire suppression systems. ***(Fee: $20.00)***

❑ You must also submit a copy of the employee's current certification or recertification issued by NAFED

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 Distributor Employee license, I will maintain all licensing requirements and qualifications, including but not limited to, required insurance/financial responsibility, licenses, letters of clearance and certifications.

Employee Signature: _____ Date: _____

Distributor/Employer Signature: _____ Date: _____

REVISED 10/01/2014