

STATE OF UTAH APPLICATION FOR CONCERN LICENSE OR STATUS CHANGE AUTOMATIC FIRE SUPPRESSION SYSTEMS

Updated: 4-1-2010

The required fee must accompany this application

New Application	H#									
Business Concern for Profit		Non-Profit Exempt	Location Change	Types H1	☐ H2					
☐ Hood & Duct Cleaning ☐ Other:										
Name of Firm: Email:										
Address of Firm:										
Physical Address DO NOT use PO Box Number or Rural Route Number										
City State Zip										
Mailing Address of Firm:										
City State Zip										
Business Phone #:		Fax #:								
Applicant Doing Business As:		☐ Individual ☐ Partnership		☐ Corporation						
Classification Types										
Check appropriate box(es) below for desired license category										
Class H1	A licensed concern that is engaged in the installation, modification, service, or maintenance of engineered and/or pre-engineered automatic fire suppression									
	systems. If currently licensed to service portable fire extinguishers \$150									
Class H2	A licensed concern that is engaged in service and maintenance of automatic suppression systems. \$300									
	If currently licensed to service portable fire extinguishers \$150									
Branch Office	Class H1 Class H2									
	Total Fee D	ue								
Mail to: UTAH STATE FIRE MARSHAL, 5272 SOUTH COLLEGE DRIVE, SUITE 302, MURRAY, UT 84123-2611										
Original	Renewal	Renewal	Renewal	Renewal						
Date Amount	Date Amount	Date Amount	Date Amount	Date Amount						
Paid	Paid	Paid	Paid	Paid						
Receipt #	Receipt #	Receipt #	Receipt #	Receipt #						
Date lic sent	Date lic sent	Date lic sent	Date lic sent	Date lic sent						
		1 1	+	+						

This application shall be accompanied by a list of employees, including you, their EE number and types of service performed.

Name		HE#	Types	<u> </u>	\square 2				
Name		HE#	Types	<u> </u>	<u></u>				
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Name		HE#	Types	<u> </u>	<u> </u>				
Name		HE#	Types	<u> </u>	□ 2				
If additional space is needed, attach a separate sheet									
Read the following paragraphs carefully before signing this application After License "H" number is issued, forward one copy of your service tag, hydrostatic test label, and if applicable, a facsimile of your USDOT hydrostatic mark or symbol.									
I affirm that this application contains no misrepresentations or falsifications and the information is true and complete to the best of my knowledge and belief. I also understand and agree, that failure to conduct my business according to the adopted statues and administrative rules of the State of Utah with regard to servicing portable fire extinguishers, will subject myself to the possibility of the loss of my license and/or the possibility of criminal prosecution.									
I hereby authorize, agree, consent and allow the State Fire Marshal and any of his properly authorized employees to enter, examine, and inspect any premises, building, room, or establishment used in servicing, charging, or testing portable fire extinguisher to determine compliance with the provisions of state law and the regulations and standards adopted by the State Fire Marshal.									
Date									
Sole Ownership	Print Name	Signature							
Corporation	Authorized Agent – Print Name Title	Signature							
Partnership	Print Name	Signature							
	Print Name	Signature							