



**STATE OF UTAH
APPLICATION FOR CONCERN LICENSE OR STATUS CHANGE
PORTABLE FIRE EXTINGUISHERS**

The required fee must accompany this application

<input type="checkbox"/> New Application <input type="checkbox"/> Renewal	E#
<input type="checkbox"/> Business Concern for Profit <input type="checkbox"/> Non-Profit Exempt	Types <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
<input type="checkbox"/> Private In-House Concern <input type="checkbox"/> Location Change <input type="checkbox"/> Other:	
Name of Firm:	
Address of Firm: <small>Physical Address DO NOT use PO Box Number or Rural Route Number</small> City State Zip	
Mailing Address of Firm: City State Zip	
Business Phone #:	Fax #:
Applicant Doing Business As: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	
Classification Types Check appropriate box(es) below for desired license category	
<input type="checkbox"/> 4. Servicing any type portable fire extinguisher, except systems.	
<input type="checkbox"/> 3. Conduct hydrostatic tests of water, dry chemical, and Halon fire extinguishers (except hydrostatic testing of containers listed as marked in conformance with U.S. Department of Transportation (DOT) regulations.)	
<input type="checkbox"/> 2. Conduct hydrostatic tests of fire extinguisher cylinders listed and marked in conformance with DOT regulations.	
<input type="checkbox"/> 1. All activities as per 2, 3, and 4 above.	
\$300 Total Fee Due	

Mail to: UTAH STATE FIRE MARSHAL, 5272 SOUTH COLLEGE DRIVE, SUITE 302, MURRAY, UT 84123-2611

****CONTINUED ON REVERSE SIDE****

Original Date		Renewal Date		Renewal Date		Renewal Date		Renewal Date	
Amount Paid		Amount Paid		Amount Paid		Amount Paid		Amount Paid	
Receipt #		Receipt #		Receipt #		Receipt #		Receipt #	
Date lic sent		Date lic sent		Date lic sent		Date lic sent		Date lic sent	

