



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

Updated: 8/7/2018

The required fee must accompany this application.

<input type="checkbox"/> New Application	<input type="checkbox"/> Renewal	<input type="checkbox"/> H#	
<input type="checkbox"/> Business Concern for Profit	<input type="checkbox"/> Non-Profit Exempt	<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>			
_____	_____	_____	
<small>City</small>	<small>State</small>	<small>Zip</small>	
Mailing Address of Firm: _____			
_____	_____	_____	
<small>City</small>	<small>State</small>	<small>Zip</small>	
Business Phone #: _____		Fax #: _____	
E-mail Address: _____			
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"/>	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.	\$300
		<input type="checkbox"/> If currently licensed to service portable fire extinguishers	\$150
<input type="checkbox"/>	Branch Office	<input type="checkbox"/> If currently licensed to service Portable Fire Extinguishers your AFSS or KES would then be \$75	\$150
		Total Fee Due	

Mail to: UTAH STATE FIRE MARSHAL, 410 WEST 9800 SOUTH, 3RD FLOOR, SANDY, UT 84070

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	

This application shall be accompanied by a list of employees, including you, along with their HE number.

Name _____.	HE# _____
Name _____.	HE# _____
Name _____.	HE# _____
Name _____.	HE# _____
Name _____.	HE# _____
Name _____.	HE# _____
Name _____.	HE# _____
Name _____.	HE# _____

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 statutes 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 _____