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| **For State Fire Marshal Use Only** | **SFM State SealSFM State Seal****Oklahoma State Fire Marshal****PO Box 36690****Oklahoma City, OK 73136-2690****(405) 522-5005 Fax: (405) 522-5028****Fire Extinguisher Industry****Company Application Form** | **CO** |
| License # |       | Date Issued |       |
| PO # |       | [Permit Fee Owed](file:///C%3A%5CDocuments%20and%20Settings%5Clynnette%5CLocal%20Settings%5CTemporary%20Internet%20Files%5CContent.Outlook%5CFee%20Schedule%5CFee%20Schedule%202010.xls) |       |
| Initial Company Application Fee |  |  |
| Total Amount Owed: |       |
| Date Paid |       | Amount Paid |       |

The person completing this application shall be an Oklahoma Licensed Company Qualified Agent.

Submit $250 payment for each license category checked below with this Application form to the above address. Companies using multiple names will be required to hold separate license numbers for each name used and submit a separate application.

Check all license categories requested:

[ ]  Portable Fire Extinguisher [ ]  Pre-Engineered Kitchen Fire Suppression [ ]  Engineered Fire Suppression
 [ ]  Pre-Engineered Industrial Fire Suppression

Please type or print in ink.

|  |  |
| --- | --- |
| Company Name: |       |
| Federal Tax #: |       | Okla. Sales Tax #: |       |
| Company Address: |       |
| Company City: |       | State: |       | Zip: |       |
| Company Telephone #: |       | Company Fax #: |       |
| Number of years company has been in business: |       | Number of Employees: |       |
| Name of monitoring station monitoring your accounts: |       | Monitoring#: |       |
|  |  |  |  |
| List names and addresses of person(s) who own 25% or greater interest in this company: |
| Name: |       | Address: |       | Phone #: |       |
| Name: |       | Address: |       | Phone #: |       |
| Name: |       | Address: |       | Phone #: |       |
|  |
| Officer of Company: |       | Address: |       | Phone #: |       |
| President: |       | Address: |       | Phone #: |       |
| Vice President: |       | Address: |       | Phone #: |       |
| Secretary: |       | Address: |       | Phone #: |       |
|  |  |  |  |
| Qualified Agent Name: |       | License#: |       |
| Email Address: |       |

I certify that the information given on this application by me and on the attached certification is true and accurate to the best of my knowledge. I understand that false information could result in the denial of the company and my application or revocation of my license.

Qualified Agent’s Signature: Date:

*No individual licensed under the Fire Extinguisher Industry Regulations shall contract for his services as an independent contractor without applying for and being issued a company and a qualified agent license under the Regulations. No company shall contract for the independent services of a holder of an individual license under Chapter 256:50 et seq. Fire Extinguisher Industry Regulations.*