



OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

JOHN W. OXENDINE
COMMISSIONER OF INSURANCE
SAFETY FIRE COMMISSIONER
INDUSTRIAL LOAN
COMMISSIONER
COMPTROLLER GENERAL

Seventh Floor, West Tower
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Atlanta, Georgia 30334
(404) 656-2056 or (404) 656-4031
www.gainsurance.org

Authorized Verification Form

PORTABLE FIRE EXTINGUISHER LICENSE APPLICATION

I, _____, do hereby certify
Print Full Name Title / Position

that _____
Company Name

is a valid registered corporation with the Secretary of State Corporation Division of the State of Georgia.

I fully understand that upon inspection of my facility, I will be required to provide verification that the person fully stated as having successfully completed the examination, is an employee of this company, or that this company has certification from the manufacturer of the systems which our company intends to install, inspect, recharge, repair, or service portable fire extinguishers. Furthermore, the information on this application is correct, true and subject to verification. I authorize any agent or employee of the Office of Insurance & Safety Fire Commissioner to conduct a background investigation concerning any information given.

Furthermore, I understand that the violation of any provision of Chapter 12 of Title 25 of the Official Code of Georgia, or any rule or regulation adopted and promulgated pursuant thereto by any person who possesses a license or permit, is cause for revocation or suspension of such license or permit by the Commissioner.

| | | | |
|---------------------------------|----------------|--|---------------|
| _____ (Print) Applicant Name | _____ Title | _____ Applicant Signature | _____ Date |
| Sworn before me this _____ day | | _____ (Print) Owner/Corporate Officer | _____ Date |
| of _____ 20 _____ | | _____ (Sign) Owner/Corporate Officer | _____ Date |
| _____ Notary Public | | | |

2009 PORTABLE FIRE EXTINGUISHER LICENSE APPLICATION

In pursuant with the Official Code of Georgia, and Chapter 120-3-23, this application shall be accompanied with the following documents:

1. Proof of a valid comprehensive liability insurance policy in the minimum amount of \$1 million purchased from an insurer authorized to do business in Georgia. The coverage must include bodily injury and property damage, product liability, completed operations, and contractual liability.
2. Evidence of successful completion of the Portable Fire Extinguisher Technician Examination of an employee of this company as reprinted by the Commissioner and recognized by the National Association of Fire Equipment Distributors (NAFED) when the company is to engage in the installation, inspecting, recharging, repairing, servicing and testing of portable fire extinguishers.
3. A copy of the Articles of Incorporation documents issued by the Secretary of State Corporation Division.
4. A copy of DOT approvals and renewals if the applicant engages in hydrostatic testing of low pressure DOT specification type cylinders and/or high pressure DOT specification type cylinders for extinguishers.

I certify that the requested documents required, in pursuant of Chapter 12 of Title 25 of the Official Code of Georgia, and Chapter 120-3-23 entitled: Rules and Regulations for Installation, Inspection, Recharging, Repairing, Servicing and Testing of Portable Fire Extinguishers or Fire Suppression Systems, have been provided. I understand that the violation of any provision of Chapter 12 of Title 25 of the Official Code of Georgia, or any rule or regulation adopted and promulgated pursuant thereto, by any person who possesses a license or permit is cause for revocation or suspension of such license or permit by the Commissioner. I fully understand the contents of the application. I certify that the person, denoted as having successfully completed the NAFED test, is an employee of this company. Furthermore, the information on this application and any attachments are correct, true and subject to verification. I authorize any agent or employee of the Office of Insurance & Safety Fire Commissioner to conduct a background investigation concerning any information given.

| | | | |
|--------------------------------|----------------|---------------------------------|---------------------|
| _____ | _____ | _____ | _____ |
| (Print) | Applicant Name | Title | Applicant Signature |
| | | | Date |
| Sworn before me this _____ day | | _____ | _____ |
| of _____ 20 _____ | | (Print) Owner/Corporate Officer | Date |
| _____ | | _____ | _____ |
| Notary Public | | (Sign) Owner/Corporate Officer | Date |