

BUSINESS PERMIT RENEWAL FIRE PROTECTION EQUIPMENT CONTRACTOR Application Form



Phone: (609) 984-7860
Fax: (609) 292-6831

1. Permit Number (Pxxxxx):	
2. Federal ID. Number:	
3. DOT ID. Number:	
4. Business Name:	
Address:	
City, State Zip:	
Email:	
Telephone/Fax:	

For Official Use Only

Received:	
Check Number:	
Returned:	
Received:	
Approved:	
By:	

5. Is this a minority or women owned business as defined by N.J.S.A. 52:27H-21.8? *(See the back of this application for explanation.)*

Yes No

For Office Use Only: Stamped Receipt Date

6. Provide on your company letterhead:

- Name, address, and corporate title of each member, officer or director of your business at this time.
- The principal place of business and the location of each branch office.
- The name of each person who has been identified as qualifying the business within each type of contractor service with copy of their New Jersey certification. The qualifier is the certified person responsible for the work.
- Any changes that would be of interest to this office example, emergency phone number, name changes etc. **Please note a change of federal ID# indicates a new business which would require a new application.**
- Provide proof that the business currently has commercial general liability insurance, including products and completed operations, in the minimum amount of \$1,000,000 for each coverage. Provide a copy of a **certificate of insurance** with this renewal application. (No bills or copies of policies, please). Certificate to be made out to name and address shown below. The certificate must include a description of your fire protection trade. Example installation and maintenance of fire sprinklers.

Mail this form and required documents with fee to:

State of New Jersey
Division of Fire Safety
Contractor Certification and Emblems Unit
P.O. Box 809
Trenton, New Jersey 08625-0809

8. Do you certify that you are 18 years of age or older, possess good moral character and have not been convicted of a crime of the first, second or third degree within 10 years prior to the filing of this application?

Yes No

9. Submit a **\$250.00** renewal fee in the form of a check or money order payable to **"Treasurer, State of New Jersey"**. Applications will not be processed unless payment is enclosed. (See instructions rear regarding late fee).

10. I do hereby certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signature

Title

Date

7. Which fire protection equipment services will you be providing with this permit? Please reference page two of this application for instructions. Check all that apply.

All Fire Protection Equipment Systems
 Fire Sprinkler System
 Special Hazard Fire Suppression System
 Fire Alarm System
 Portable Fire Extinguisher
 Kitchen Fire Suppression System

Questions regarding this application are to be directed to the Contractor Certification and Emblems Unit staff.

Office Hours: Mon.-Fri. 8:30-4:30

Office Phone: 609-984-7860
Office Fax: 609-292-6831

You may also email us from our website.

Application forms may be downloaded at:
<http://www.nj.gov/dca/divisions/dfs/forms/>

FIRE PROTECTION EQUIPMENT CONTRACTOR - BUSINESS PERMIT RENEWAL APPLICATION FORM INSTRUCTIONS

Note: Please type or print clearly on the application form. A permit will not be issued unless proper documentation is received and validated.

Section

1. Enter current permit number example P00002.
2. Enter your Federal employers identification number.
3. Enter your Federal Department of Transportation Hydrostatic Testing identification number. (portable extinguishers only)
4. Provide your business name, address, email, telephone and fax numbers.
5. “Minority business” means a business which is: A sole proprietorship, owned and controlled by minorities in which at least 51% of the ownership interest is held by minorities and whose management and daily business operations are controlled by one or more of the minorities who own it; or a corporation or other entity the management and daily business operations of which are controlled by one or more minorities who own it, and which is at least 51% owned by one or more minorities, or, if stock is issued, at least 51% of the stock of which is owned by one or more minorities.

“Women’s business” means a business which is: A sole proprietorship owned and controlled by a women; or a partnership or joint venture owned and controlled by women in which at least 51% of the ownership is held by women; or a corporation or other entity the management and daily business operations of which are controlled by one or more women who own it, and which is at least 51% owned by women, or, if stock is issued, at least 51% of the stock of which is owned by one or more women.
6. Provide on company letterhead the following items:
 - Name, address, and title of each member, officer or director of your business.
 - The principal place of business and the location of each branch office.
 - The name of each person who has been identified as qualifying the business within each type of contractor service indicated in Box 7.
 - You must include a **Qualifier Verification Form** found online along with this application available on our website.
 - Provide proof that the business has obtained commercial general liability insurance, including products and completed operations, in the minimum amount of \$1,000,000 for each coverage. Provide a copy of your certificate of insurance with this application.
7. Indicate which contractor services your business performs. Select a contractor box on the left .
 - An “All Fire Protection Equipment Contractor” is authorized to install, service, repair, inspect and maintain all fire protection equipment.
 - A “Fire Sprinkler System Contractor” is authorized to install, service, repair, inspect and maintain fire sprinkler systems, including all underground work (private fire mains)
 - A “Special Hazard Fire Suppression System Contractor” is authorized to install, service, repair, inspect and maintain special hazard fire suppression systems and kitchen fire suppression systems.
 - A “Fire Alarm System Contractor” is authorized to install, service, repair, inspect and maintain all fire alarm systems.
 - A “Portable Fire Extinguisher Contractor” is authorized to install, service, repair, inspect and maintain all portable fire extinguishers.
 - A “Kitchen Fire Suppression System Contractor” is authorized to install, service, repair, inspect and maintain all kitchen fire suppression systems.
8. Answer the question.
- 9.. Submit a **\$250.00** application fee in the form of a check or money order payable to “**Treasurer, State of New Jersey**”. Applications will not be processed unless payment is enclosed. Applications received after the lapse date are charged a late fee which is \$500.00
10. The application form must be signed and dated by the business owner, director, or general manager. Forward the application form, application fee and supportive documentation to: **Contractor Certification and Emblems Unit, Division of Fire Safety, P.O. Box 809, Trenton, New Jersey 08625-0809. Physical address is 101 South Broad Street, Trenton, 08625.**

Note. By signing this form you are also attesting that :

- **All qualifiers named accept the responsibilities of same under this law.**
- **All previously agreed to conditions from original application .**
- **That you have a valid “Power of Attorney Form” on file if you do not have an office in New Jersey.**

Questions regarding Fire Protection Equipment Contractor Business Permit or certification requirements and procedures should be directed to the Division staff at **(609) 984 -7860** from 8:30 a.m. to 4:30 p.m., Monday through Friday.