

NJ Division of Fire Safety
 Contractor Certification & Emblems Unit
 P.O. Box 809
 Trenton, NJ 08625-0809
 Phone: (609) 984-7860
 Fax: (609) 292-6831
 Office hours: 8:30AM - 4:30PM (M-F)
 DFS Certification Forms:
<http://www.nj.gov/dca/divisions/dfs/forms>

Contractor Certification Unit Qualifier Verification Form



<p>Date: _____</p> <p>DFS Permit Number: <u> P </u> _____</p> <p>Business/Facility Name: _____</p> <p>Location: _____</p> <p>Telephone: _____</p> <p style="padding-left: 20px;">(Work) _____</p> <p style="padding-left: 20px;">(Cell) _____</p> <p>Contact Person: _____</p> <p>Position: _____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Fire Protection Equipment Services you provide: Please **print name and sign** by each trade you are providing services.
 Note: By doing so you accept responsibility as the qualifier per N.J.A.C. 5:74 as the responsible person for each trade.
 Business Permits will not be issued unless this form is signed by individual(s) responsible for work in each trade.

			DFS
Fire Protection Equipment Services	Print Qualifier Name	Sign Name	Certification #
C2 Fire Sprinkler System	_____	_____	_____
C3 Special Hazard Fire Suppression	_____	_____	_____
C4 Fire Alarm Systems	_____	_____	_____
C5 Portable Fire Extinguishers	_____	_____	_____
C6 Kitchen Fire Suppression	_____	_____	_____