

Business Permit Fire Protection Equipment Contractor Application Form



<p>1. Permit Number: P _____</p> <p>2. Federal I.D. Number: _____</p> <p>Business Name: _____</p> <p>Physical Address: _____</p> <p>City, State, Zip: _____</p> <p>Mailing Address (if different): _____</p> <p>City, State, Zip: _____</p> <p>Business Email: _____</p> <p>Business Phone: _____</p> <p>24 Hour Emergency Phone: _____</p>	<p>New <input type="checkbox"/></p> <p>Renewal <input type="checkbox"/></p> <p>Amended <input type="checkbox"/></p>
For Official Use Only	
<p>Received: _____</p> <p>Check Number: _____</p> <p>Returned: _____</p> <p>Received: _____</p> <p>Approved: _____</p> <p>By: _____</p>	

<p>3. Which fire protection equipment services will you be providing with this permit? (Check all that apply:)</p> <p><input type="checkbox"/> All Fire Protection Equipment Systems</p> <p><input type="checkbox"/> Fire Sprinkler System</p> <p><input type="checkbox"/> Special Hazard Fire Suppression System</p> <p><input type="checkbox"/> Fire Alarm System</p> <p><input type="checkbox"/> Portable Fire Extinguisher</p> <p><input type="checkbox"/> Kitchen Fire Suppression System</p>	<p>4. For New/Renewal Applications—\$250.00 application fee Amendments to Current Applications—\$50.00 fee. Applications received past lapse dates—\$250.00 late fee.</p> <p>Submit all fees in the form of a check or money order: payable to “Treasurer, State of New Jersey”.</p> <p>Mail Application and Documents, with fee to:</p> <p style="text-align: center;">State of New Jersey Division of Fire Safety Contractor Certification and Emblems Unit P.O. Box 809 Trenton, New Jersey 08625-0809</p> <p>All overnight packages should be sent directly to:</p> <p style="text-align: center;">DFS 101 South Broad Street, Trenton, NJ 08608.</p>
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5. Qualifying Individual Verification

Please provide the **DFS Certification #, name, and signature of the Qualifying Individual** for each trade you are providing services.

Note: By signing 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.

Fire Protection Equipment Services	DFS Cert #	Qualifier Name	Signature
All Fire Protection Equipment Systems	_____	_____	_____
Fire Sprinkler System	_____	_____	_____
Special Hazard Fire Suppression	_____	_____	_____
Fire Alarm Systems	_____	_____	_____
Portable Fire Extinguishers	_____	_____	_____
Kitchen Fire Suppression	_____	_____	_____

6. Provide a list of the name, address and corporate title of each member, officer or director (Use additional sheet if necessary)

Name	Address	Title

7. Provide the principal place of business and the location of each branch office. (Use additional sheet if necessary)

Principal Address: _____
City, State, Zip: _____
Branch Office Address: _____
City, State, Zip: _____

8. Provide Proof of commercial general liability insurance, including products and completed operations, in the minimum of \$1,000,000 for each coverage. Provide a copy of certificate of insurance with this application.

9. If the business does not maintain at least one office within the state of New Jersey, complete and submit the Out-of-State Contractor Power of Attorney form.

10. Is this a minority or women owned business as defined by N.J.S.A. 52:27H-21.8? Yes No

11. 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 the 10 years prior to the submittal date of this application?
 Yes No

12. I, the applicant, by signing below, do hereby acknowledge and affirm the following:
- A) Any change in more than 50% ownership of the fire protection business, location, or name shall require the filing of an Amended Business Application within 60 days.
 - B) If the designated Qualifier leaves the fire protection business or is replaced, an Amended Business Permit Application shall be filed within 30 days.
 - C) All required insurance certificates shall remain current and in force.
 - D) All NICET, NAFED, and ICC certificates shall remain current and valid.
 - E) The Permit Holder certifies that, no employee of the business shall engage in the installation, service, repair, inspection or maintenance of fire protection equipment unless the business bears full responsibility or the inspection of all work performed.
 - F) The Permit Holder certifies that the business shall be liable for any unprofessional conduct of an employee while acting in the scope of their employment.
 - G) The Permit Holder certifies that each installation and service vehicle to be used in conjunction with the fire protection business shall be clearly marked with the business name, DFS permit number (prefaced with 'NJDFS Permit'), and the 24 hour emergency service telephone number. Both sides of the vehicle must be marked with letters and numbers at least 1 inch in height.

Signature

Title

Date

Fire Protection Equipment Contractor - Business Permit 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

Top right box—indicate if this is an initial, renewal or revision to your business permit application. For renewal application: 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.

1. If this is your initial business permit application, leave the permit number blank. For all other submittals, please place your permit number in the designated area (Example 'P00002').
2. Enter your Federal Employer's Identification Number, and provide your business name, address, email, and telephone numbers.
3. Indicate which fire protection equipment services your business will be performing. You may select all that apply on this one application form.
 - 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.
4. Submit appropriate fee in the form of a check or money order, payable to *'Treasurer—State of New Jersey'*, with your application.. Applications will not be processed unless payment is enclosed. Please note that a \$250.00 late fee will be charged for renewal applications received after the business permit lapse date. Amended applications require a \$50.00 processing fee.
5. Provide the DFS Certification #, name, and signature of the Qualifying Individual for each service you will be providing. By signing this individual accepts responsibility as qualifier per N.J.A.C. 5:74, as the responsible person for each trade.
6. Provide the name, address and corporate title of each member, officer or director of your business.
7. Provide the principal place of business and the location of each branch office.
8. Provide a copy of a certificate of insurance for commercial general liability insurance, made out to State of New Jersey, Division of Fire Safety.
9. Complete out-of-state power of attorney as needed.
10. Answer the question by placing a mark in the appropriate box.

"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.
11. Answer the question by placing a mark in the appropriate box. If you answer yes, please submit additional documentation regarding the legal proceeding and sentencing criteria.
12. The application form must be signed and dated by the business owner, director or general manager. By signing this form you are attesting that:
 - 1: **Qualifiers named accept the responsibility of the same under this law.**
 - 2: **All previously agreed to conditions from original application.**
 - 3: **You have a valid "Out-of-State Power of Attorney" if you do not have an office in New Jersey.**

Questions should be directed to the Division staff at (609) 777-3552 press *3 from 8:30 A.M. to 4:30 P.M., Monday through Friday. You may also email us from our website. Application forms may be downloaded at: <http://www.nj.gov/dca/divisions/dfs/forms/>

All overnight packages sent by Federal Express, UPS, Post Office should be sent directly to: DFS 101 South Broad Street, Trenton, NJ 08608.

Mail this form and required documents with fee to mailing address below:

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

OUT-OF-STATE-CONTRACTOR

Power of Attorney

State of New Jersey
Department of Community Affairs
Division of Fire Safety
Contractor Certification and Emblems Unit
P.O. Box 809
Trenton, New Jersey 08625-0809
Phone: (609) 777-3552



For Official Use Only

Permit Number:

P _____

Fire Protection Equipment Contractor Business Permit

Business Name: _____

Business Address: _____

City, State, Zip Code: _____

Telephone: _____

Email Address: _____

Pursuant to N.J.A.C. 5:74-2.1(f) 1, I _____,
(Printed Name)

owner or authorized agent of the permit holder referenced above, appoint the State of New Jersey, Department of Community Affairs, Division of Fire Safety, Contractor Certification and Emblems Unit, the attorney in fact for the out-of-state-permit holder their name, place and stead, and for its use and benefit:

To receive all original process in an action of legal proceeding against the permit holder with the knowledge that service on the attorney shall be of the same force and validity as if service upon the permit holder. This authority shall continue in force so long as the permit holder engages in the fire protection equipment business in the State of New Jersey.

Signature: _____

Title: _____

Sworn to and subscribed before me, this ____ day of _____ 20____.

NOTARY PUBLIC

STAMP: