



Department of Commerce
 Division of State Fire Marshal
 8895 East Main Street – P.O. Box 529
 Reynoldsburg, Ohio 43068
 (614) 752-7126 Fax (614) 995-4206 TTY/TDD 800-750-0750
 www.com.ohio.gov

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|-------------|---------------|
| ID NO. 54- | APPLICANT ID: |
| EXAM DATE 1 | SCORE 1 |

FILING INSTRUCTIONS

- A. APPLICATIONS MUST BE TYPEWRITTEN OR NEATLY PRINTED.
- B. SUBMIT A CHECK OR MONEY ORDER PAYABLE TO: **TREASURER, STATE OF OHIO.** PAYMENT IS REQUIRED PRIOR TO EXAMINATION.
- C. PURSUANT TO OHIO ADMINISTRATIVE CODE SECTION FM-500.5, "AN INDIVIDUAL MUST BE A COMPANY CERTIFIED PURSUANT TO PARAGRAPH (A)(4)(FM-500.4) OF THIS RULE OR MUST BE ASSOCIATED WITH A CERTIFIED COMPANY WHEN SUCH INDIVIDUAL ENGAGES IN THE BUSINESS OF SERVICING, TESTING, REPAIRING OR INSTALLING FIRE PROTECTION OR FIRE FIGHTING EQUIPMENT FOR PROFIT."
- D. NON-RESIDENTS MUST SUBMIT A NOTARIZED IRREVOCABLE CONSENT TO SERVICE FORM.
- E. IF YOU CHECK CATEGORIES 8, 9, OR 10 SUBMIT AT LEAST ONE OF THE FOLLOWING IN ORDER TO BE SCHEDULED FOR EXAM:
 - 1. PROOF FROM THE MANUFACTURE OF TRAINING OR APPROVAL TO WORK ON SYSTEMS.
 - 2. A LETTER CONTAINING THE FOLLOWING INFORMATION:
 - a. WHO PROVIDED THE TRAINING AND THEIR CERTIFICATION I.D. NO.
 - b. YEARS/MONTHS EXPERIENCE.
 - c. LIST TEN (10) COMPLETED JOBS BY LOCATION WHICH YOU OBSERVED.
 - d. SYSTEMS OBSERVED INSTALLED (KIDDE, ANSUL, ETC.)

INDIVIDUAL INFORMATION:

EXISTING I.D. NUMBER: _____ - _____ - _____ E-MAIL ADDRESS: _____

NAME: _____ SOCIAL SECURITY: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

PHONE: _____ FAX NUMBER: _____ COUNTY: _____

COMPANY NAME: _____ COMPANY ID NUMBER: _____

SUBMIT \$35.00 FOR EACH CATEGORY CHECKED, FEES ARE NON-REFUNDABLE

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| 1. AUTOMATIC SPRINKLER AND STANDPIPE SYSTEMS | <input type="checkbox"/> |
| 2. FIRE SERVICE MAINS | <input type="checkbox"/> |
| 3. FIRE PUMPS | <input type="checkbox"/> |
| 4. DIESEL PUMPS TECHNICIAN | <input type="checkbox"/> |
| 5. FIRE ALARM AND DETECTION EQUIPMENT (Residential and Commercial) | <input type="checkbox"/> |
| 6. HOUSEHOLD FIRE WARNING EQUIPMENT ONLY (Residential Only) | <input type="checkbox"/> |
| 7. PORTABLE FIRE EXTINGUISHER | <input type="checkbox"/> |
| 8. ENGINEERED EXTINGUISHING EQUIPMENT (OTW) | <input type="checkbox"/> |
| 9. PRE-ENGINEERED EXTINGUISHING EQUIPMENT (OTW) | <input type="checkbox"/> |
| 10. AEROSOL EXTINGUISHERS | <input type="checkbox"/> |

EXAM DATE REQUESTED: _____ TOTAL: \$ _____

(9AM AND 2PM ARE AVAILBLE FOR MOST TEST DATES)

SIGNATURE: _____ DATE: _____