

FIRE ALARM SYSTEMS INSPECTOR LICENSE APPLICATION



CITY OF PHILADELPHIA
DEPARTMENT OF LICENSES AND INSPECTIONS
 MUNICIPAL SERVICES BUILDING – CONCOURSE
 1401 JOHN F. KENNEDY BOULEVARD
 PHILADELPHIA, PA 19102
 For more information visit us at www.phila.gov

NAME OF APPLICANT :

ADDRESS: _____
 CITY: _____ STATE: _____ ZIP : _____
 PHONE # (_____) _____ E-MAIL: _____
 COMMERCIAL ACTIVITY LICENSE NUMBER _____

NAME OF COMPANY OR EMPLOYER (IF ANY): _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____ E-MAIL: _____
 PHONE #: (_____) _____ FAX # (_____) _____
 COMMERCIAL ACTIVITY LICENSE NUMBER _____

FIRE ALARM SYSTEMS INSPECTOR LICENSES ARE ISSUED TO QUALIFIED PERSONS. THEY ARE NOT ISSUED TO COMPANIES.

SUBMIT PROOF OF QUALIFICATIONS (BASED UPON ONE OF THE FOLLOWING) WITH THIS APPLICATION

1. **NICET Alternative.** Submit a National Institute for Certification in Engineering Technologies (NICET) certificate at Level II or higher in the Fire Alarms subfield of Fire Protection Engineering Technology.
2. **Underwriters' Laboratory (UL) Alternative.** The company for which the applicant is principal or designee is listed with UL in one of two categories of Protective Signaling Services. The first acceptable category is for Central Station Service (UUFX) as a "Full Service Company" or "Fire Alarm Service — Local Company." The second acceptable category is for Local, Auxiliary, Remote Station and Proprietary Service (UUJS).
3. **Professional Engineer Alternative.** A professional engineer registered in the Commonwealth of Pennsylvania. You must provide the Department with a signed and sealed statement of qualifications in the field of fire alarm systems.

FEES

APPLICATION REQUIRES SUBMITTAL OF A NON-REFUNDABLE APPLICATION FEE CHECK OR MONEY ORDER PAYABLE TO "CITY OF PHILADELPHIA"	FEE	REVENUE CODE	LICENSE NUMBER
FIRE ALARM SYSTEMS INSPECTOR	\$250.00	3707	

THIS APPLICATION MUST BE ACCOMPANIED BY PAYMENT OF THE APPLICATION FEE AND PROOF OF QUALIFICATIONS

I further certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statements herein I am subject to the possible revocation of any licenses issued as a result of my false application, and such other penalties as may be prescribed by law.

APPLICANT'S SIGNATURE: _____ **DATE:** ____ / ____ / ____