APPLICATION FOR FIRE ALARM SYSTEMS INSPECTOR LICENSE



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

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APPLICATION # _

NAME OF APPLICANT :							
ADDRESS:							
CITY:STATE:ZIP :							
PHONE # () E-MAIL:							
NAME OF COMPANY OR EMPLOYER (IF ANY):							
ADDRESS:							
CITY: STATE: ZIP:	E-MAIL:						
PHONE #: () FAX # ())						
FIRE ALARM SYSTEMS INSPECTOR LICENSES ARE ISSUED TO QUALIFIED PERSONS. THEY ARE NOT ISSUED TO COMPANIES.							
YOU OR YOUR EMPLOYER ARE REQUIRED TO HAVE A COMMERCIAL ACTIVITY LICENSE TO CONDUCT BUSINESS IN PHILADELPHIA DO YOU HAVE A COMMERCIAL ACTIVITY LICENSE? I YES NUMBER INO							
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.							
 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). 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	OFFICE USE ONLY CHECK #				
FIRE ALARM SYSTEMS INSPECTOR		3707					
COMMERCIAL ACTIVITY LICENSE (IF REQUIRED)	\$300.00	3702					
TAX I.D. NUMBER ISSUED BY THE REVENUE DEPARTMENT IS REQUIREDTO OBTAIN A BUSINESS PRIVILEGE LICENSE							
THIS APPLICATION MUST BE ACCOMPANIED BY PAYMENT OF THE APPLICATION FEE AND PROOF OF QUALIFICATIONS							
I hereby 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 statement herein I am subject to such penalties as may be prescribed by law or ordinance.							
APPLICANT'S SIGNATURE: DATE: //							