State Fire Marshal
800 SW Jackson, Suite 104
Topeka, KS 66612-1216

Kansas
Office of the State Fire Marshal

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Doug Jorgensen, State Fire Marshal

Sam Brownback, Governor

Application for Registration as a Certified Firm Under the Provisions of Article 10 Office of the State Fire Marshal's Regulations

Business Name (If partnership, include name of each partner under Responsible Persons Information below)

Federal Tax ID Number_____

Kansas Sales Tax Number _____

Business Address	The applicant is: An Individual A Partnership A Corporation Other If Other, Specify:
City State Zip Code	
Business Phone (Include Area Code)	
Business Fax (Include Area Code)	

Application is made for registration as certified firm (application will not be processed until all documents have been received)

APPLICANT EMAIL ADRESS: _____

ALL CORESPONDENCE WILL BE DELIVERED THROUGH EMAIL, PLEASE MAKE SURE TO INCLUDE THIS.

- ☐ RA – service, charge, re-charge, install, and inspect fixed extinguishing systems
- ☐ RB – service, charge, re-charge, install, and inspect portable fire extinguishers
- ☐ RC – hydrostatic testing on non-DOT cylinders such as wet or dry chemical containers
- ☐ RD – service, charge, re-charge, and inspect fixed extinguishing systems

- Provide proof of training and/or education
- Provide photo copy of insurance policy or written statement from insurer showing coverage for comprehensive general liability for bodily injury and property damage, minimum coverage $500,000 for Class RA firm, minimum coverage $100,000 for Class RB and Class RC firm, and minimum coverage $1,000,000 for Class RD firm.
- Provide written authorization from manufacturer whose products are used by the firm. Include type(s) of system(s) the firm is authorized to install or service (Class RA firm and/or Class RD firm).

List Manufacturer(s) (Class RA firm)_____

List Manufacturer(s) (Class RD firm)_____

List other fixed business(s) owned by applicant where service is performed (if additional space is needed, use separate sheet)

_____

List each individual employee who will be providing services under this license (if additional space is needed, use separate sheet)

_____

RESPONSIBLE PERSONS INFORMATION

List information required for each individual, owner, partner, and other responsible persons in applicant business

Full Name	Position/Title	Home Address (Include Zip Code)	Home Phone (Include Area Code)

CERTIFICATION: Under the penalties imposed by K.S.A. 21-3805, I declare that I have examined this application and documents submitted in support thereof, and to the best of my knowledge and belief, they are true, correct and complete. I also certify that I am familiar with Article 10 State Fire Marshal's Regulations, KAR 22-10-1 through KAR 22-10-17.

_____

Applicant's Signature Title Date