

Office of the State Fire Marshal

Division of Fire Prevention ● 1035 Stevenson Drive ● Springfield, Illinois 62703-4259

Fire Equipment Distributor Employee License Application

Any Fire Equipment Distributor Employee, who applies for an Illinois License under the Fire Equipment Distributor and Employee Regulation Act (Public Act 85-1434) whether employed on a full or part-time basis, shall not, under any circumstances, act or assume to act as a licensed distributor representative unless such person is licensed by the Office of the State Fire Marshal.

Applicant is required to register and submit disclosure information to the Office of the State Fire Marshal. Failure to do so will result in this application not being processed. Please provide 2 1"x1" photographs and the following information:

Type of Application: New Applicant Trainee

Current Renewal (License # _____) **Current Distributor** (License # _____)

Name of **Employee**: _____

Employee Address: _____ Social Security #: ¹ _____

City: _____ State: _____ Zip Code: _____ County: _____

Phone () _____

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Name of **Distributor/Employer**: _____

Distributor Address: _____

City: _____ State: _____ Zip Code: _____ Email Address: _____

PLEASE CHECK TYPE OF LICENSE APPLYING FOR:

- Class 1** Will service, recharge, hydro-test, install, maintain or inspect all types of fire extinguishers. *(Fee: \$20.00)*
- Class 2** Will service, recharge, hydro-test, install, maintain or inspect pre-engineered fire suppression systems. *(Fee: \$20.00)*
- Class 3** Will service, recharge, hydro-test, inspect or engineer all types of engineered fire suppression systems. *(Fee: \$20.00)*
- You must also submit a copy of the employee's current certification or recertification issued by NAFED

¹ The Identity Protection Act, 5 ILCS 179/1 *et seq.*, requires each local and State government agency to draft, approve, and implement an Identity-Protection Policy that includes a statement of the purpose or purposes for which the agency is collecting and using an individual's Social Security Number (SSN). This statement of purpose is being provided to you because you have been asked by the OSFM to provide your SSN or because you requested a copy of this statement. You are being asked for your SSN for one or more of the following reasons: Internal verification and/or potential collection of fees, penalties or fines. We will only use your SSN for the purpose for which it was collected. We will not: Sell, lease, loan, trade, or rent your SSN to a third party for any purpose; Publicly post or display your SSN; Print your SSN on any card required for you to access our services; Require you to transmit your SSN over the Internet, unless the connection is secure or your SSN is encrypted; or Print your SSN on any materials that are mailed to you, unless state or federal law requires that number to be on documents mailed to you, or unless we are confirming the accuracy of your SSN.

License Fee and Renewal License Fee

Once your application has been reviewed and approved, **you will be invoiced for the applicable fees.**
Do not remit fees with application.

Failure to sign forms, submit necessary information, or provide attachments will cause your application to be returned and no license will be issued until all requirements are complete.

I certify that that I am authorized to sign this application and that all information contained herein is accurate and true, furthermore I certify that during the term of my Fire Equipment Distributor Employee license, I will maintain all licensing requirements and qualifications, including but not limited to, required insurance/financial responsibility, licenses, letters of clearance and certifications.

Employee Signature: _____ Date: _____

Distributor/Employer Signature: _____ Date: _____