

Section 3 EMPLOYER INFORMATION:

- 1. Licensed Fire Equipment Dealer Business Name: _____
- 2. Licensed Physical Business Address: _____

City County State Zip Code
- 3. Mailing Address: _____
- 4. Fire Equipment Dealer License Number: _____ Type: _____ Class _____
- 5. License Qualifier: _____

I, _____, certify that I fully understand the contents of this application and certify that the information provided herein is true and correct.

I, _____, certify that I fully understand the contents of this application and the requirements of Section 633.061, Florida Statutes and the provisions of Rule Chapter 4A-21, Florida Administrative Code.

Signature of Applicant: _____

Print or Type Name of Applicant: _____

State of _____

County of _____

Sworn to and subscribed before me this _____ by _____
Day, Month, Year

who is personally known or who has produced _____ as identification, and who has has not taken an oath.

Seal

Notary Signature

Type, Print or Stamp Name

I, License Qualifier: _____ Certify that the applicant named herein and whose signature appears above is an employee of _____. I further certify that I will notify the State Fire Marshal, in writing, when such employment is terminated pursuant to Chapter 633, Florida Statutes.

Signature of License Qualifier: _____

Print Name: _____

State of _____

County of _____

Sworn to and subscribed before me this _____ by _____
Day, Month, Year

who is personally know or who has produced _____ as identification, and who has has not taken an oath

Seal

Notary Signature

Type, Print or Stamp Name