



DEPARTMENT OF FORESTRY AND FIRE PROTECTION  
OFFICE OF THE CALIFORNIA STATE FIRE MARSHAL  
FIRE ENGINEERING DIVISION  
AUTOMATIC EXTINGUISHING SYSTEMS PROGRAM  
**APPLICATION FOR AUTOMATIC SYSTEMS LICENSE**  
**TYPE 1 – FIRE SPRINKLER SYSTEMS**  
**TYPE 2 – ENGINEERED AND PRE-ENGINEERED**



**SECTION I**

Company Name: \_\_\_\_\_

Mailing Address\*: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physical Address\*\*: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Person\*: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**SECTION II** APPLICATION IS HEREBY MADE FOR THE FOLLOWING (CHECK ALL THAT APPLY):

Applicant intends doing business as: ☐ Individual ☐ Corporation ☐ Partnership

Application is for: ☐ New License ☐ Upgrade ☐ Name Change ☐ Address Change

- ☐ **TYPE 1:** Fire Sprinkler systems servicing and testing; **FEE - \$635.00**
- ☐ **TYPE 2:** Engineered and Pre-Engineered Fixed Systems servicing and testing; **FEE - \$635.00**
- ☐ **Additional Locations:** **FEE - \$125.00 per location**

**SECTION III**

**SUBMISSION:** A completed application (on an original application form) and all required supplemental data should be submitted to the address listed below. Evaluations will be reviewed in the order in which they are received at OSFM. **Failure to supply all needed information (including signature or illegible applications) will result in REJECTION of the application package.**

Please mail application to:

CAL FIRE / Office of the State Fire Marshal  
Cashiers / AES Program  
P.O. Box 997446  
Sacramento, CA 95899-7446  
Phone: 916.568.3800

Department use Only  
ENY: \_\_\_\_\_  
FUND: 0102  
ACCT: 4129400  
ALT ACT: 4129400011  
RPT STR: 35405906  
SVC LOC: 59422

*\* Only one contact person and mailing address are permitted per company.*

*\*\*Must provide physical address with zip code, NO P.O. Boxes.*

FOR ACCOUNTING USE ONLY – 5942-59422-125700-11

<https://osfm.fire.ca.gov/media/2932/automatic-extinguishing-systems-company-license-application.pdf>

#### **SECTION IV**

*I am familiar with the statutes contained in the California Health and Safety Code and the regulations contained in Title 19, California Code Regulations, relating to automatic fire extinguishing systems, that all statements made by me on this application are to the best of my knowledge.*

*I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that all the information and materials submitted to the State Fire Marshal for the purpose of obtaining the license(s) applied for are true and correct. By this application, I hereby authorize the State Fire Marshal and any of his or her properly authorized employees to enter, examine and inspect any premises, building, room, or establishment used in servicing or testing automatic fire extinguishing systems to determine compliance with the provisions of state law and the regulations and standards adopted by the State Fire Marshal.*

**SOLE OWNER:**

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**CORPORATION:**

Authorized Agent Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

**PARTNERSHIP:** Each partner, including a limited partner, must sign. (If additional space is needed, attach separate sheet.)

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION V** Complete and attach responses on a separate sheet:

1. Installation, recharge, operation, service and/or manuals, supplements, and/or addendums to such manuals which are the property and/or which are possessed and maintained by the applicant.
2. List all tools, equipment, or supplies and parts owned by the licensee and kept as part of the normal inventory which the licensee intends to use in servicing systems for which this license is being applied. Please note that no tools, equipment or parts may be borrowed, loaned or acquired by means other than purchase for the sole purpose. Expensive specialized equipment may be rented, but you must give verification that the equipment is available when needed (e.g., rental contract) from whom (name, address and phone number) the equipment is rented and explain why it is being rented rather than purchased.
3. List any pertinent contractor's licenses held by the applicant, e.g., C-16, C-36 or C61-D13. (Give the license number and submit copies of original and current renewal documents.)
4. Submit the original invoices to verify that the purchase or acquisition of required tools, parts and materials for each system license applied for in this application is true and correct. If you do not have original invoices, list the tools and equipment, approximate date of purchase and from whom the purchase was made on a separate document. List where you will be purchasing necessary replacement parts and materials.
5. List your employee service personnel and their experience and qualifications. Submit all confirmations or certificates attesting to competency, training, qualifications and manufacturer's authority to service. The applicant or its employees may submit other documentation which show evidence of training received on systems to be serviced, e.g., seminars, continuing education classes. Self-certification by the employee or employer is not acceptable. Include each employees full name, Type and number of systems serviced, for whom and when. (Review qualifications on page 5.)

**NOTICE:**

***(1) This application will not be accepted without the appropriate non-refundable fee. All items must be completed. An incomplete application could be the basis for denial of a license.***

***(2) WHEN FILED WITH AN APPLICATION, THIS CERTIFICATE BECOMES THE PROPERTY OF THE STATE FIRE MARSHAL AND WE WILL RETAIN IT FOR OUR RECORDS.***

***(3) The Office of the State Fire Marshal will verify each piece of documentation that is submitted as proof of experience. Any misinformation or deception will be grounds for denial. If the OSFM does not believe that you possess the appropriate experience and training, your application will be denied. The preceding required information is related to only the experience qualification requirements and the balance of the license application would still have to be completed in its entirety.***

***(4) The California Code of Regulations, Title 19, Chapter 5, Section 905.1 (b) (4) provides that a request for an Automatic Extinguishing Systems License may be denied if the applicant for a license or his employees does not possess the qualifications to conduct the operations for which the application is made. It is your responsibility to provide all of the required documentation.***

**If you have any questions, you may call the Assistant Program Coordinator at (916) 568-3800.**