



## APPLICATION FOR LIMITED CONCERN LICENSE OR CHANGE

### SECTION I General Information

\*All fields below are required and must be completed. We cannot process application without complete information. One application is required per location.

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

Physical Address:  
(No PO Boxes) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### SECTION II Fee Schedule

- \$600.00 New Application (complete all but section VII)
- \$300.00 Re-Inspection (complete Section I thru VII)
- \$0.00 Name Change (complete Section V and VII)

### SECTION III Application is hereby made for a Limited Portable Fire Extinguisher Concern License

Title 19 California Code of Regulations, Section 595.5 (a) (7):

A class of license, limited to public or private entities that are not engaged in the business of servicing fire extinguishers and which only maintain their own portable fire extinguishers. A Type L license may only perform maintenance of stored pressure dry powder and dry chemical fire extinguishers, water type and wet chemical type fire extinguishers and external annual maintenance of halogenated agent and carbon dioxide fire extinguishers.

### SECTION IV Submission

A completed application (on an **original application** form) and all required supplemental data should be submitted to the address listed below. Applications will be reviewed in the order which they are received at the Office of the State Fire Marshal (OSFM). Failure to supply all needed information (including signature or illegible applications) will result in the delay of processing or rejection of your application.



Please make checks/money orders payable to CAL FIRE/OSFM and mail with application to:

**CAL FIRE / Office of the State Fire Marshal  
Cashiers Unit / Fire Extinguisher Program  
P.O. Box 997446  
Sacramento, CA 95899-7446**

For Departmental Use  
Only  
\_\_\_\_\_ -0102-4129400-  
4129400011-35405906-  
59421 \$ \_\_\_\_\_

Please contact the Assistant Program Coordinator with questions. [FE@fire.ca.gov](mailto:FE@fire.ca.gov)

**SECTION V**

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

**I hereby authorize the Office of the State Fire Marshal and any of his properly authorized employees at any time to enter, examine, inspect any premises, building, room, or establishment used in servicing, charging, or testing portable fire extinguishers to determine compliance with the provisions of state law and the regulations and standards adopted by the Office of the State Fire Marshal.**

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

Title: \_\_\_\_\_

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

**SECTION VI**

The following documentation is required with ALL applications. Missing documentation will result in the delay of processing or rejection of your application.

1. The owner/authorized agent must possess a valid Type 1 & 2 Certificate of Registration.

Certificate of Registration EE Number: \_\_\_\_\_

2. The owner must have at least 24 months of experience with Type 1 & 2. Please provide written documentation of at least 24 months of experience in the servicing, maintenance, recharging, hydrostatic testing, and installation of portable fire extinguishers. This shall be accomplished by having the portable fire extinguisher service employer submit letter(s) on their letterhead attesting to this experience. This correspondence shall indicate their length of employment, an estimate of the number and type of portable fire extinguishers that they have experience with and a statement that the individual has the necessary experience to obtain a license. Additional documentation may include training certificates from the various portable fire extinguisher manufacturers and college classes related to Fire Science.



- The company must have a certificate of liability insurance with a minimum of \$1,000,000.00 in general liability coverage. Please provide proof of insurance (note that the address listed on the coverage must match the physical address listed on this application). Also, please list "Office of the State Fire Marshal" as the Certificate Holder.

The company may have a Hold/Harmless letter in lieu of a certificate of liability insurance. Please provide this letter.

- The company must have a technician with a valid certificate of registration. Please provide a list of technicians (include name, EE number, and Type held).

Name: \_\_\_\_\_ EE Number: \_\_\_\_\_ Type: \_\_\_\_\_

Name: \_\_\_\_\_ EE Number: \_\_\_\_\_ Type: \_\_\_\_\_

Name: \_\_\_\_\_ EE Number: \_\_\_\_\_ Type: \_\_\_\_\_

Name: \_\_\_\_\_ EE Number: \_\_\_\_\_ Type: \_\_\_\_\_

Name: \_\_\_\_\_ EE Number: \_\_\_\_\_ Type: \_\_\_\_\_

**SECTION VII**

The following section is for Name/Location changes only.

- List new company name/address

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

New Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

- The company must have a certificate of liability insurance with a minimum of \$1,000,000.00 in general liability coverage. Please provide proof of insurance with the new name/address.

The company may have a Hold/Harmless letter in lieu of a certificate of liability insurance. Please provide this letter.



**IMPORTANT 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, ALL DOCUMENTATION BECOMES THE PROPERTY OF THE OFFICE OF THE STATE FIRE MARSHAL AND WILL BE RETAINED 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 cannot verify the appropriate experience and training, your application will be rejected. The preceding required information is related only to the experience qualification requirements and the balance of the license application would still have to be completed in its entirety.**
- (4) Per the California Code of Regulations, Title 19, Chapter 3, Section 560(h) the fee for a second and/or each subsequent re-inspection will be an additional \$300.00 charge, due prior to the inspection being completed.**