



**DEPARTMENT OF FORESTRY AND FIRE PROTECTION
OFFICE OF THE CALIFORNIA STATE FIRE MARSHAL
FIRE ENGINEERING & INVESTIGATIONS DIVISION
PORTABLE FIRE EXTINGUISHER PROGRAM
APPLICATION FOR EXEMPT CONCERN
LICENSE/STATUS CHANGE**

SECTION I General Information:

**All fields below are required and must be completed. We cannot process application without. One application is required per location and a separate application must be submitted. Physical address(es) may not be P.O. Boxes*

Company Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Phone Number: _____

Email Address: _____

SECTION II Fee Schedule

- | | | |
|--------------------------|-----------------|----------------------------------|
| <input type="checkbox"/> | New Application | No Charge |
| <input type="checkbox"/> | Name Change | No Charge (complete Section VII) |
| <input type="checkbox"/> | Address Change | No Charge (complete Section VII) |

SECTION III Application is hereby made for an **exempt license** for the following:

Applicant to be licensed as: Individual Corporation

Article 6, Section 13190.1 defines an exempt organization: *The provisions of this chapter and the regulations and standards adopted by the State Fire Marshal pursuant to Section 13160 shall not apply to any firm or corporation not engaged in the business of servicing, charging, or testing portable fire extinguishers and that maintains its own fully equipped and specially staffed fire prevention and protection department.*

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 in 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.

**CAL FIRE / Office of the State Fire Marshal
Cashiers Unit / Fire Extinguisher Program
P.O. Box 944246
Sacramento, CA 94244-2460**

Please contact the Assistant Program Coordinator with questions. (916) 568-3800

SECTION V

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

1. The exempt concern 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: _____
Name: _____	EE Number: _____	Type: _____

2. Per Title 19, California Code of Regulations, Section 595.5 (d) Every licensed concern who is not authorized to perform specific acts shall have on file with the Office of the State Fire Marshal reciprocal letters of agreement to perform those specific acts from licensed concerns who are authorized. All required reciprocal letters of agreement shall be submitted to the Office of the State Fire Marshal with each original, renewal, and status change application for license. Any changes to reciprocal letters of agreement shall be reported to the Office of the State Fire Marshal within 15 days of the change. Provide reciprocal agreements for the maintenance your company will not be licensed for. They must include:

- a. Maintenance and recharging of water based portable fire extinguishers and external maintenance of carbon dioxide fire extinguishers
- b. Conduct hydrostatic tests of low-pressure fire extinguisher cylinders.
- c. Maintenance and recharging of dry chemical, dry powder fire extinguishers
- d. Hydrostatic tests of high pressure fire extinguisher cylinders, and perform internal maintenance and recharging of carbon dioxide fire extinguishers from fire extinguisher concern possessing this class of license shall be a D.O.T. approved cylinder requalification facility
- e. Internal-External maintenance recharge and recover halogenated agents from portable fire extinguishers. A portable fire extinguisher concern possessing this license shall have a listed halogenated closed recovery system

SECTION VI

The following section is for Name/Location changes only.

List new company name/address

New Company Name: _____

New Physical Address: _____

City: _____ State: _____ Zip: _____

IMPORTANT NOTICE:

- (1) 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 does not believe that you possess the appropriate experience and training, your application will be denied. 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.*

SECTION VII

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 _____