



Office of the Illinois State Fire Marshal

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



Fire Equipment Distributor License Application

Please print or type the application. *Original signatures or an authorized digital signature will be accepted.* A completed application and all required documentation can be e-mailed to:

SFM.FireEquipment@illinois.gov. Failure to sign forms, submit required information, or provide attachments will result in your application not being processed.

Part A: Fire Equipment Distributor Information:

Type of Application: New Applicant Renewal – Distributor License #: _____

Company Name:	FEIN or Social Security Number ¹ :
Physical Address:	City/State/Zip Code:
Mailing Address (if different):	City/State/Zip Code:
Phone Number:	Fax Number:
Distributor Portal Email Address:	

Part B: Please check the type of license(s) you are applying for or renewing (fees are listed). Licenses are valid for 3 years.

- Class A:** Will service, recharge, hydro-test, install, maintain, or inspect all types of fire extinguishers. (Fee: \$900.00)
- Class B:** Will service, recharge, hydro-test, install, maintain, or inspect all types of pre-engineered fire extinguishing systems. (Fee: \$1,500.00)
- Class C:** Will service, repair, hydro-test, inspect, and engineer all types of engineered fire suppression systems. (Fee: \$2,100)

Part C: Additional Required Information (Check All that Apply):

Provide evidence of current registration as an Illinois corporation or other business entity in good standing with the Illinois Secretary of State <https://apps.ilsos.gov/businessentitysearch/>

OR

Provide evidence of compliance with the Assumed Business Name Act. [805 ILCS 405] <https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=2299&ChapterID=65>

Provide evidence of financial responsibility in a minimum amount of \$1,000,000 through liability insurance, self- insurance, group insurance, group self-insurance, or risk retention groups.

Provide evidence of workers' compensation insurance or approval as a self-insurer of workers' compensation in accordance with the laws of this State.

Provide a copy of the Requalifier Identification Number (RIN) issued to the applicant by the USDOT PHMSA (United States Department of Transportation, Pipeline and Hazardous Materials Safety Administration), if engaged in hydrostatic testing or visually inspecting fire suppression devices or systems utilizing USDOT PHMSA specification cylinders (required for Class A, B, and C).

OR

An affirmative statement from an entity with a Requalifier Identification Number issued by the USDOT PHMSA that will provide hydrostatic testing and/or will visually inspect fire suppression devices or systems, utilizing USDOT PHMSA specification cylinders, on behalf of the applicant <https://portal.phmsa.dot.gov/rinlocator>

Provide a copy of the fire equipment employee license, or application for a fire equipment employee license, of a fire equipment employee that corresponds to the desired class of fire equipment distributor license.

List each license issued to the applicant by any state, local or federal governmental entity in the previous 3 years to engage in the work of a fire equipment distributor. (If applicable)

Name on License	Issuing Agency	State of License	Type of License	License Status

Officers of the Business: Please provide the name and title of each officer of the business. *If you need additional space, please list on separate paper, and attach.*

Name:	Title:
Name:	Title:
Name:	Title:
Name:	Title:

Required response from Fire Equipment Distributor applicant: Are you currently subject to disciplinary action or previously adjudicated to have violated conditions of a license in any jurisdiction?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<i>If yes, give full details on a separate sheet.</i>

Do not remit fees with application.

Once your application has been reviewed and approved, you will be invoiced for the applicable fees.

I certify 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 License, I will maintain all licensing requirements and qualifications, including but not limited to, required insurance/financial responsibility, licenses, and certifications.

Distributor's Signature:	Printed Name:
Title:	Date:
Phone Number:	Distributor Portal Email Address:

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.