



Office of the Illinois State Fire Marshal

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



Fire Equipment Distributor Employee License Application

The application for a Fire Equipment Distributor Employee License shall be submitted by the Fire Equipment Distributor that employs the candidate. **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 and Employee Information:

Type of Application: New Applicant Renewal Add Classification

Distributor License #: _____ Employee License #: _____

Name of Distributor:		FEIN/Social Security # ¹ :	
Physical Address:		City/State/Zip Code:	
Mailing Address (if different):		City/State/Zip Code:	
Phone #:	Distributor Portal Email Address:		

Name of Employee:		Social Security # ¹ :	
Home Street Address:		City/State/Zip Code:	

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 1** Will service, recharge, hydro-test, install, maintain, or inspect all types of fire extinguishers. **(Fee: \$300.00)**
- Class 2I** Will service, recharge, hydro-test, install, maintain, or inspect all types of pre-engineered industrial fire extinguishing systems. **(Fee: \$300.00)**
- Class 2K** Will service, recharge, hydro-test, install, maintain, or inspect all types of pre-engineered kitchen fire extinguishing systems. **(Fee: \$300.00)**
- Class 3** Will service, recharge, hydro-test, install, maintain, inspect, or engineer all types of engineered fire extinguishing systems. **(Fee: \$300.00)**

Part C: Additional Required Information:

- Submit a clear copy of the candidate’s valid driver’s license, valid state identification with date of birth and address, or a valid passport. *Must be 18 years of age or older.*
- Submit a digital color photograph; front facing with full-face, head and shoulders visible. Photographs must show the candidate wearing plain or company shirts, with a white background. The photographs shall be of sufficient quality to clearly identify the candidate.
- Provide proof of the candidate’s current certification appropriate to the fire equipment employee classification for which the applicant is applying.
 - **Class 1:** ICC or NAFED certification in Portable Fire Extinguishers.
 - **Class 2I:** ICC or NAFED certification in Pre-Engineered Industrial Fire Suppression Systems.
 - **Class 2K:** ICC or NAFED certification in Pre-Engineered Kitchen Fire Extinguishing Systems.
 - **Class 3:** NAFED certification in Engineered Fire Suppression Systems or NICET Level III certification in Special Hazards Systems.
- Provide a copy of the fire equipment distributor license, or application for a distributor license, that corresponds to the desired class of fire equipment employee license.

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

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

The candidate is required to answer the following questions:

1. Are you currently subject to disciplinary action or previously adjudicated to have violated conditions of a license in any jurisdiction? *If yes, give full details on a separate sheet.* Yes No
2. Are you more than 30 days delinquent in complying with a child support order? Yes No

(NOTE: If you are not subject to a child support order, answer “no.”)

In accordance with 5 Illinois Compiled Statutes 100/10-65, the licensee or applicant shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. Failure to certify shall result in disciplinary action and making a false statement may subject the licensee to contempt of court.

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 Employee License, I will maintain all licensing requirements and qualifications, including but not limited to, required licenses, letters of clearance, and certifications.

Distributor/Employer Signature:		Date:
Print Name:	Title:	
Employee Signature:		Date:
Print Name:		

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.