



Office of the Illinois State Fire Marshal

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



Notification of Change to Registered Fire Equipment Trainee

A fire equipment distributor which employs a trainee shall submit a completed change of status notification form, within 30 days after the addition or change taking effect, to the Office of the Illinois State Fire Marshal pursuant to the Fire Equipment Distributor and Employee Regulation Act 225 ILCS 217 (“Act”). **Please print or type the registration and e-mail it to SFM.FireEquipment@illinois.gov Original signatures or an authorized digital signature will be accepted.**

Changes in Registration: Termination Qualified for Fire Equipment Distributor Employee License

Request to Remove Class of Trainee: Class 1 Class 2I Class 2K Class 3

<u>Fire Equipment Distributor and Trainer Information</u>		
Fire Equipment Distributor Licensed with OSFM:		OSFM License Number:
Street Address:		
City:	State:	Zip Code:
Phone #:	Distributor Portal E-mail Address:	
Licensed Fire Equipment Employee Trainer’s Name:		FE Employee OSFM License Number:
<u>Fire Equipment Trainee Information</u>		
Legal Name:		OSFM Trainee Registration Number:
Street Address:		
City:	State:	Zip Code:
Phone #:		

I certify that the Fire Equipment Trainee identified above, is employed by the above listed Fire Equipment Distributor as a Trainee. I further certify that I am authorized to sign this report on behalf of the above listed Fire Equipment Distributor and that all information contained herein is accurate and true.

Authorized Officer Signature:		Date:
Printed Name:	Title:	
Trainee Signature:		Date:
Printed Name:		