



# Office of the Illinois State Fire Marshal

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



## Application to Register Fire Equipment Trainee

A Fire Equipment Distributor which employs a trainee shall submit a completed trainee registration form within 30 days of the beginning of training for a trainee that they employ, with the intent of training, 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](mailto:SFM.FireEquipment@illinois.gov) Original signatures or an authorized digital signature will be accepted.**

Type of Registration:  New Trainee  Change in Class of Trainee  
Initial Class of Trainee:  Class 1  Class 2I  Class 2K  Class 3  
Change in Class of Trainee:  Class 1  Class 2I  Class 2K  Class 3

Fee: \$25.00

Submit a clear copy of a valid state issued driver’s license, valid state issued ID with date of birth and address, or a valid passport for the Trainee. *Must be 18 years of age or older.*

**Do not remit fees with application.  
Once your application has been reviewed and approved, you will be invoiced for the applicable fees.**

<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 Email Address:	
Licensed Fire Equipment Employee Trainer’s Name:	FE Employee Trainer’s OSFM License Number:	
<u>Fire Equipment Trainee Information</u>		
Legal Name:		
Street Address:		
City:	State:	Zip Code:
Phone #:	Social Security Number <sup>1</sup> :	

**To be completed by Fire Equipment Trainee:**

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 trainee to contempt of court.**

**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		

<sup>1</sup> 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.