



**Office of the Illinois State Fire Marshal**  
 Division of Fire Prevention  
 1035 Stevenson Drive  
 Springfield, IL 62703-4259



**Fire Sprinkler Contractor License Application**

Applicants are required to submit disclosure information to the Office of the Illinois State Fire Marshal. Failure to do so will result in this application not being processed. ***Please print or type the application. Original signatures only, no computer-generated signatures will be accepted.*** E-mail the application to [SFM.Sprinklers@illinois.gov](mailto:SFM.Sprinklers@illinois.gov). Renewals can apply online at <https://joportal.com/IL/Spa/Home>.

**Part A: Fire Sprinkler Contractor and Officer Information:**

Type of Application:  New Applicant  Renewal

Name of Individual or Business:		
Fire Sprinkler Contractor License # (Renewal Only):		
Name of Authorized Business Representative/ Owner:		
SS # <sup>1</sup> or FEIN # <sup>1</sup> :		
Street Address:		City:
State:	Zip Code:	County:
Phone #:		Fax #:
Contractor Portal E-mail Address:		

**Officers of the Business; If the Applicant is a Business, Please Complete:**

*State the Name, Title, and Personal Address of each Officer of the Business.*

<b>1. Name:</b>	
Title:	Phone #:
Street Address:	
<b>2. Name:</b>	
Title:	Phone #:
Street Address:	
<b>3. Name</b>	
Title:	Phone #:
Street Address:	
<b>4. Name</b>	
Title:	Phone #:
Street Address:	

**Part B: Select a Designated Certified Person or Responsible Managing Employee**

*All applicants MUST have either a Designated Certified Person or a Responsible Managing Employee*

Persons who, or businesses that, as of January 3, 2000, were installing or repairing fire sprinkler systems in the State of Illinois and had at least three years of prior experience installing or repairing fire sprinkler systems may employ either a Designated Certified Person or a Responsible Managing Employee (a person responsible to provide supervision and to assure that each Sprinkler System is installed and repaired in accordance with State Law). All other persons or businesses must employ a Designated Certified Person. **As of July 1, 2021, no person or business organization applying for a NEW Fire Sprinkler Contractor License, may select to employ a Responsible Managing Employee, they must employ a Designated Certified Person.**

**Please Select ONE and Provide their Name and Personal Address:**

- Designated Certified Person
- Responsible Managing Employee

Name:	
Title:	Phone #:
Street Address:	

**Submit the Following:**

**Designated Certified Person**

- A copy of the individual’s current Illinois Professional Engineers License or current NICET Level III Certification in Water-Based Systems.
- An affirmative statement, signed by the individual acknowledging their role as the Designated Certified Person for the Fire Sprinkler Contractor.

**OR**

**Responsible Managing Employee:**

- The individual’s qualifications and last three years of work experience (include on a separate sheet of paper the name, address and phone number for each person who can verify those qualifications and work experiences).
- An affirmative statement signed by the individual acknowledging their role as the Responsible Managing Employee for the Fire Sprinkler Contractor.

**Part C: Other Locations of Business:**

Please identify the address of other business locations from which the Applicant is conducting business. This includes offices located outside Illinois. Please include the license number issued by the state (*if applicable*):

Street Address:	License #:
Street Address:	License #:
Street Address:	License #:

**Part D: Submit the Following:**

- Certificate of insurance showing liability coverage of at least \$500,000 per person or \$1,000,000 per occurrence, and at least \$1,000,000 per occurrence for property damage. *(Required)*
- Provide evidence of compliance with the Illinois Worker’s Compensation Act. *(Required)*
- An organizational chart for each business location showing the supervisory duties of the Designated Certified Person or Responsible Managing Employee. *(Required)*
- If an assumed name is to be used, submit a copy of the assumed name certificate for the business. *(If applicable)*

**If the Business is a Corporation or Partnership, Submit the Following:**

- Corporation:** Provide evidence of current registration in good standing with the Illinois Secretary of State. *A Foreign Corporation must submit a copy of the Certificate of Authority to transact business in the state.*
- Partnership:** Submit an affidavit stating that the partnership has been legally formed.
- Limited Partnership:** Submit a letter of authority from the Secretary of State's Limited Partnership Department.

**List each license issued to the applicant by any state, local or federal governmental entity in the previous three years as a Fire Sprinkler Contractor. *(If applicable)***

Name on License	Issuing Agency/ State	License Number	Type of License	License Status (e.g., active, suspended, lapsed)

**The applicant is required to answer:**

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

**Part E: Continuing Education (Renewal Applications for Responsible Managing Employees ONLY)**

- The Responsible Managing Employee must provide proof that they have completed at least 16 hours of continuing education since the issuance of the current license with at least 8 hours of continuing education completed during each year of the current license.

## License Fee and Renewal Fee

Initial License (2-year license)	\$3,000
Renewal of License (before or on expiration date)	\$3,000
Late Renewal of License (available for up to a year after expiration of license; includes a \$500 late filing fee)	\$3,500
Request for Duplicate or Corrected License	\$50

**Do not remit fees with application.**

***Once your application has been approved, you will be invoiced for the applicable fees***

Failure to sign forms, submit necessary information, or provide attachments will cause your application to be returned and no license will be issued until all requirements are met.

**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 Sprinkler Contractor License, I will maintain all licensing requirements and qualifications, including but not limited to, required insurance/financial responsibility, licenses, letters of clearance and certifications.**

Fire Sprinkler Contractor Signature:	Date:
Print Name:	Title:

<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.