



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



Fire Sprinkler Contractor 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.Sprinklers@illinois.gov. Failure to sign forms, submit required information, or provide attachments will result in your application not being processed.

Part A - Fire Sprinkler Contractor and Officer Information:

Type of Application: [] New Applicant [] Renewal-Fire Sprinkler Contractor License #: _____

Table with 2 columns: Field Name, Value. Fields include Company Name, FEIN or Social Security Number, Physical Address, City/State/Zip Code, Mailing Address, Phone #, Fax #, Contractor Portal Email Address.

Officers of the Business:

State the name, title, and personal address of each officer of the business.

Form with 4 rows for officer information. Each row includes fields for Name, Title, and Personal 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. Such applicants must employ a Designated Certified Person.

Please select ONE and provide their name and personal Address:

- Designated Certified Person
- Responsible Managing Employee

Name:
Title:
Personal Address:

Submit the Following:

Designated Certified Person

- A copy of the individual’s current Illinois Professional Engineers License or current NICET Level III or IV Certification in Water-Based Systems Layout; and
- An affirmative statement signed by the individual acknowledging his or her 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 experience); and
- An affirmative statement signed by the individual acknowledging the individual’s 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 Required Information:

- A Certificate of Insurance for personal injuries of not less than \$500,000 per person or \$1,000,000 per occurrence, and, in addition, not less than \$1,000,000 per occurrence for property damage.
- Provide evidence of workers’ compensation insurance or approval as a self-insurer of workers’ compensation in accordance with the laws of this State.
- An organizational chart for each business location showing the supervisory duties of the designated certified person or responsible managing employee.
- A corporation, including limited liability corporations, shall provide evidence of current registration in good standing with the Illinois Secretary of State as an Illinois corporation (if applicable).
<https://apps.ilsos.gov/businessentitysearch/>
- Provide evidence of compliance with the Assumed Business Name Act [805 ILCS 405] (if applicable).
<https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=2299&ChapterID=65>
- Partnerships shall submit an affidavit stating that the partnership has been legally formed (if applicable).
- Limited partnerships shall submit a letter of authority from the Secretary of State’s Limited Partnership Department (if applicable).

List each license issued to the applicant by any state, local or federal governmental entity in the previous 3 years to engage in fire sprinkler contracting. (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 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 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:

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.