

Office of the Illinois State Fire Marshal

Fire Prevention Division
1035 Stevenson Drive
Springfield, Illinois 62703-4259

License Application for Fire Sprinkler Contractor

Any individual, group of individuals, association, trust, partnership, corporation, person doing business under an assumed name, the State of Illinois, or department thereof, any other State-owned and operated institution, or other entity that engages in, advertises or holds itself, himself or herself out to be in the business of or contracts with a person to install, repair, inspect or test a fire sprinkler system in Illinois, except as otherwise permitted in Section 15(i) of the Fire Sprinkler Contractor Licensing Act [225 ILCS 317/15] ("Act"), is required to be licensed by the Office of the Illinois State Fire Marshal and pay a licensing fee for each business location pursuant to the Act. Please provide the following information (type or print) to: SFM.Sprinklers@illinois.gov.

Name and Address of Applicant

Name of Individual or Business: _____

License Number# _____

Date Applicant commenced fire sprinkler installation or repair: _____

Name of Authorized Business Representative/Owner: _____

Social Security (SSN) or Federal Employer
Identification Number (FEIN):¹

Address:

City: _____ State: _____ Zip Code: _____ County: _____

Phone () _____ Fax: () _____ Email Address: _____

1. **Officers of the Business.** If Applicant is a business, state the name, title and personal address of each officer of the business:

Name: _____ Title: _____

Address: _____ Phone: () _____

Name: _____ Title: _____

Address: _____ Phone: () _____

Name: _____ Title: _____

Address: _____ Phone: () _____

[Please attach the information for any additional officer(s) on a separate sheet of paper]

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.

2. Directions to determine whether a Designated Certified Person or Responsible Managing Employee is required.

(NOTE: 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 3 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.*

Designated Certified Person (or *Responsible Managing Employee). The name and personal address of the (Select one):

_____ Designated Certified Person, or
_____ *Responsible Managing Employee

Name: _____ Title: _____

Address: _____ Phone: () _____

Please Include:

Designated Certified Person. A copy of the Designated Certified Person's Illinois Professional Engineering License or NICET Level III certification in fire protection technology; automatic sprinkler layout.

*Responsible Managing Employee. On a separate sheet of paper please provide:

a) The Responsible Managing Employee's qualifications and last three years of work experience; and the name, address and telephone number for each person who can verify those qualifications and work experience.

[Please attach the identity of any additional persons on a separate sheet of paper]

b) The business' (license Applicant's) work experience since January 1, 2000, identifying all the jobs in which the business has installed or repaired fire sprinkler systems; and the name, address and telephone number for each person who can verify that work experience.

3. 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:

Address: _____ License No. _____

Address: _____ License No. _____

Address: _____ License No. _____

[Please attach additional information on a separate sheet of paper]

4. Additional Information Required.

a) Certificate of insurance showing liability coverage of at least \$500,000 per person, \$1,000,000 per occurrence, and at least \$1,000,000 per occurrence for property damage, and proof of worker's compensation insurance or approval as a self-insurer of worker's compensation ; and

b) Business' organizational chart showing the supervisory duties of the designated certified person (or responsible managing employee if applicable).

c) If the business is a corporation or partnership, please provide the following information:

1) Corporation- the name and address of the registered agent; a copy of the Articles of Incorporation; and a copy of the Certificate of Authority to transact business in this State if a foreign corporation.

2) Partnership – an affidavit stating that the partnership has been legally formed.

- 3) Limited Partnership-a letter of authority from the Secretary of State's Limited Partnership Department.
- d) A certified copy of the Assumed Name Filing from the County clerk if the business operates under an assumed name.
- e) For your employees or licensees involved in the inspection and/or testing of existing fire sprinkler systems and/or control equipment, provide proof of either (i) NICET Level II certification in Inspection and Testing of Water Based Systems (or its equivalent) or (ii) evidence of satisfactory completion of certified sprinkler fitter apprenticeship program.
- f) A list of each license issued by any state, local or federal governmental entity in the previous 3 years to engage in fire sprinkler contracting and a statement of whether the licensee is currently subject to disciplinary action or has been adjudicated to have violated a license.
- g) Proof of payment of taxes to the Illinois Department of Revenue.

5. **License Renewal.** You must complete Sections 1, 2, 3 and 4. You must also submit a current certificate of insurance showing liability coverage of at least \$500,000 per person, \$1,000,000 per occurrence, and at least \$1,000,000 per occurrence for property damage, and proof of worker’s compensation insurance or approval as a self-insurer of worker’s compensation. In addition, you must submit proof that each Designated Certified Person or Responsible Managing Employee attended at least 8 hours of approved, relevant continuing education for each year (**16 hours total**) of the current license. A list of approved providers can be found at <http://www.sfm.illinois.gov/Portals/0/docs/Commercial/Buildings/FireSprinklerContinuingEducationProviders.pdf>.

6. **License Fee and Renewal License Fee.**

Once your application has been reviewed and approved, you will be invoiced for the \$1,500 fee. Failure to sign forms, submit necessary information, or provide attachments **will cause your application to be rejected and not processed until all requirements are complete.** .

Verification

I certify that I have read the Illinois Statutes 225 ILCS 317 (Fire Sprinkler Contractor Licensing Act), and Rules 41 Ill. Admin. Code 109 (Fire Sprinkler Contractor Licensing Rules). (The Office of the State Fire Marshal (“OSFM”) has posted copies of these documents on its website: www.sfm.illinois.gov.)

Additionally, I certify that I am authorized to sign this application on behalf of the applicant and that all information and documents submitted herewith are accurate, true, and complete. I further certify that during the term of the applicant’s Fire Sprinkler Contractor license, the applicant will maintain all licensing requirements and qualifications, including but not limited to, required insurance/financial responsibility, licenses, letter of clearance and certifications.

Signature: _____

Print Name: _____

Title: _____

Telephone No.: () _____ Date: _____