



**SUFFOLK COUNTY PORTABLE FIRE EXTINGUISHER AND
AUTOMATIC FIRE EXTINGUISHING SYSTEMS LICENSING BOARD**
c/o Suffolk County Fire-Rescue, P.O. Box 127, Yaphank, NY 11980-0127
631-852-4855



LICENSE APPLICATION CHECKLIST
(TO BE RETURNED WITH APPLICATION)

Applicant: _____

- Complete Notarized Original Application
- If Applicable – Details of Investigation by a Regulatory Body for a Violation in the Conduct of Business
- If Applicable – Details of Convictions and/or Pending Criminal Charges
- If Applicable – Provide Copies of any License Issued by another Municipality
- Check made payable to the Suffolk County Treasurer for Application Fee \$100
- Check made payable to the Suffolk County Treasurer for License Fee \$400
- One (1) photograph (2" x 2") taken within the last thirty (30) days.
- Copies of current manufacturers' training certification(s)
- Copy of Driver's License



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LICENSE APPLICATION

DIRECTIONS: This application for a two (2) year license must be completed and returned to the Suffolk County Department of Fire, Rescue and Emergency Services along with one (1) 2x2 inch photo and any other required documentation in compliance with Article III, Chapter 294 of the Suffolk County Code and the Rules and Regulations of the Portable Fire Extinguisher and Automatic Fire Extinguishing Systems Licensing Board.

- Please print or type. No photocopies accepted.
- Complete answers must be given to all questions.
- Any fraudulent representation on this application may be cause for denial, suspension or revocation of the license and disqualification of the applicant.
- Application must have notarized signature
- Fees: Application - \$100.00 (non refundable) License - \$400.00

TYPE OF APPLICATION (CHECK ONE):			
<input type="checkbox"/> NEW		<input type="checkbox"/> RENEWAL	
<input type="checkbox"/> PRIOR LICENSE HOLDER			
NAME:		DRIVER'S LICENSE #:	DRIVER'S LICENSE STATE:
DATE OF BIRTH:		SOCIAL SECURITY#:	
HOME ADDRESS:			
CITY:	STATE:	ZIP CODE:	
COUNTY:	TELEPHONE #:	FAX #:	
E-MAIL ADDRESS FOR NOTIFICATION PURPOSES (optional):			
ENDORSEMENTS (CHECK ALL THAT APPLY)			
<input type="checkbox"/> PORTABLE FIRE EXTINGUISHER W/LOW PRESSURE HYDROSTATIC TESTING		<input type="checkbox"/> DRY/WET CHEMICAL FIXED EXTINGUISHING SYSTEMS	
<input type="checkbox"/> HIGH PRESSURE HYDROSTATIC TESTING		<input type="checkbox"/> CLEAN AGENT FIXED EXTINGUISHING SYSTEMS	
CURRENT EMPLOYER:			EMPLOYER TELEPHONE #:
ADDRESS OF EMPLOYER:	CITY:	STATE:	ZIP CODE:
SUFFOLK COUNTY CERTIFICATE OF REGISTRATION #:	DATE OF HIRE:	TITLE:	
PREVIOUS HISTORY			YES NO
Have you ever appeared before or been investigated by a regulatory body for a violation in the conduct of a business? <i>(If "YES", give details on a separate sheet and attach it to this application.)</i>			<input type="checkbox"/> <input type="checkbox"/>
Have you ever been convicted of a crime or do you have any criminal charges pending? <i>(If "YES", give details on a separate sheet and attach it to this application.)</i>			<input type="checkbox"/> <input type="checkbox"/>
Are you in arrears of any child support judgment? <i>(If "YES", give details on separate page.)</i>			<input type="checkbox"/> <input type="checkbox"/>
For those applicants who are the owner of a Registered Facility, are you making all required payroll tax payments for employees including Social Security Taxes, Medicare Taxes, and State and Federal Unemployment Taxes?			<input type="checkbox"/> <input type="checkbox"/>
Do you presently hold, or have you ever been issued any license by any other municipality? <i>(If "YES" complete below, attach additional piece of paper for any other licenses you may hold or have held.)</i>			<input type="checkbox"/> <input type="checkbox"/>
WHERE:	LICENSE #:	TYPE OF LICENSE:	EXPIRATION DATE:

PREVIOUS EMPLOYER:		TITLE:		LENGTH OF EMPLOYMENT: FROM: TO:	
PREVIOUS EMPLOYER'S ADDRESS:		CITY:		STATE: ZIP CODE:	
CONTACT NAME:			PHONE NUMBER:		
PREVIOUS EMPLOYER:		TITLE:		LENGTH OF EMPLOYMENT: FROM: TO:	
PREVIOUS EMPLOYER'S ADDRESS:		CITY:		STATE: ZIP CODE:	
CONTACT NAME:			PHONE NUMBER:		
PREVIOUS EMPLOYER:		TITLE:		LENGTH OF EMPLOYMENT: FROM: TO:	
PREVIOUS EMPLOYER'S ADDRESS:		CITY:		STATE: ZIP CODE:	
CONTACT NAME:			PHONE NUMBER:		

PLEASE LIST APPLICABLE CERTIFICATIONS: *(attach additional piece of paper for any other certifications you may hold or have held)*

CERTIFICATION:	ISSUED DATE:	EXPIRATION DATE:
CERTIFICATION:	ISSUED DATE:	EXPIRATION DATE:
CERTIFICATION:	ISSUED DATE:	EXPIRATION DATE:
CERTIFICATION:	ISSUED DATE:	EXPIRATION DATE:
CERTIFICATION:	ISSUED DATE:	EXPIRATION DATE:

PLEASE COMPLETE AND HAVE NOTARIZED.

_____, being duly sworn, deposes and says: Under penalties of perjury, I prepared this application and that the statements contained therein are, to the best of my knowledge and belief, true and correct and that I have not knowingly made a false statement or given information which I know to be false in connection therewith.

SIGNATURE: _____ **DATE:** _____

SWORN TO BEFORE ME:

OFFICIAL USE ONLY			
FEES RECEIVED:			
<input type="checkbox"/> APPLICATION \$100.00	<input type="checkbox"/> LICENSE \$400.00		
WRITTEN EXAMINATION:		PROFICIENCY EXAM:	
<input type="checkbox"/> PASSED	<input type="checkbox"/> FAILED	<input type="checkbox"/> PASSED	<input type="checkbox"/> FAILED
LICENSE:		LICENSE #:	EXPIRATION DATE:
<input type="checkbox"/> DENIED	<input type="checkbox"/> ISSUED		