

**APPLICATION FOR
FIRE ALARM SYSTEMS INSPECTOR
LICENSE**



CITY OF PHILADELPHIA
DEPARTMENT OF LICENSES AND INSPECTIONS
MUNICIPAL SERVICES BUILDING – CONCOURSE
1401 JOHN F. KENNEDY BOULEVARD
PHILADELPHIA, PA 19102
For more information visit us at www.phila.gov

APPLICATION # _____

(Please complete all information below and print clearly)

NAME OF APPLICANT :

ADDRESS: _____

CITY: _____ STATE: _____ ZIP : _____

PHONE # (_____) _____ E-MAIL: _____

NAME OF COMPANY OR EMPLOYER (IF ANY): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ E-MAIL: _____

PHONE #: (_____) _____ FAX # (_____) _____

FIRE ALARM SYSTEMS INSPECTOR LICENSES ARE ISSUED TO QUALIFIED PERSONS. THEY ARE NOT ISSUED TO COMPANIES.

YOU OR YOUR EMPLOYER ARE REQUIRED TO HAVE A COMMERCIAL ACTIVITY LICENSE TO CONDUCT BUSINESS IN PHILADELPHIA
DO YOU HAVE A COMMERCIAL ACTIVITY LICENSE? YES NUMBER _____ NO

SUBMIT PROOF OF QUALIFICATIONS (BASED UPON ONE OF THE FOLLOWING) WITH THIS APPLICATION

1. **NICET Alternative.** Submit a National Institute for Certification in Engineering Technologies (NICET) certificate at Level II or higher in the Fire Alarms subfield of Fire Protection Engineering Technology.
2. **Underwriters' Laboratory (UL) Alternative.** The company for which the applicant is principal or designee is listed with UL in one of two categories of Protective Signaling Services. The first acceptable category is for Central Station Service (UJFX) as a "Full Service Company" or "Fire Alarm Service — Local Company." The second acceptable category is for Local, Auxiliary, Remote Station and Proprietary Service (UJJS).
3. **Professional Engineer Alternative.** A professional engineer registered in the Commonwealth of Pennsylvania. You must provide the Department with a signed and sealed statement of qualifications in the field of fire alarm systems.

FEES

APPLICATION REQUIRES SUBMITTAL OF A NON-REFUNDABLE APPLICATION FEE CHECK OR MONEY ORDER PAYABLE TO "CITY OF PHILADELPHIA"	FEE	REVENUE CODE	OFFICE USE ONLY CHECK #
FIRE ALARM SYSTEMS INSPECTOR	\$200.00	3707	
COMMERCIAL ACTIVITY LICENSE (IF REQUIRED)	\$300.00	3702	
TAX I.D. NUMBER ISSUED BY THE REVENUE DEPARTMENT IS REQUIRED TO OBTAIN A BUSINESS PRIVILEGE LICENSE	TAX I.D. NUMBER:		

THIS APPLICATION MUST BE ACCOMPANIED BY PAYMENT OF THE APPLICATION FEE AND PROOF OF QUALIFICATIONS

I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein I am subject to such penalties as may be prescribed by law or ordinance.

APPLICANT'S SIGNATURE: _____ **DATE:** ____/____/____