



FIRE SUPPRESSION SYSTEM
CERTIFICATE

When completed mail to:

Department of Licenses and Inspections
C & I Fire Unit
990 Spring Garden St., 3rd Floor
Philadelphia, PA 19123

Use a single check or money order for all fees Payable to
"City of Philadelphia".

1. NAME OF APPLICANT	2. SOCIAL SECURITY NUMBER	3. HOME TELEPHONE NUMBER (include area code)
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4. HOME ADDRESS (Note: no P.O. Boxes)	CITY	STATE	ZIP CODE
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5. BILLING ADDRESS (if different than Home Address – no P.O. Boxes)	CITY	STATE	ZIP CODE
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6. **REQUIREMENTS FOR APPROVAL**

Application shall be accompanied by the following:

A) **Proof of compliance to one of the following conditions:**

- 1) **Meet qualification of reciprocity pursuant to Section 9-2506. - OR -**
- 2) **Performed at least 10,000 hours of documented full-time experience working on fire suppressions systems. Must submit application and documentation by the close of business on September 16, 2002. - OR -**
- 3) **Proof of completion of a registered fire suppression system apprentice program as defined in Section 9- 2501.(5). After September 16, 2002, also submit proof of a passing score on an examination pursuant to the Philadelphia Fire Prevention Code. - OR -**
- 4) **Submit copy of current City of Philadelphia Fire Suppression Certificate I or II license. This option expires at the close of business on September 16, 2002.**

B) Payment of a non-refundable application fee of \$150.

C) Documentation of work experience shall be by either letter(s) from employer(s) or payroll, pension, or tax records.

7. Fire Suppression System Work Employment History (add additional sheets if necessary)			
Employer	Dates of Employment	Address of Employer (including city, state, and zip code)	Phone No. (include area code)

8. Type (Check box and circle Certificate Type applying for)	Fee	Revenue Code	Expiration Date	Certificate Number
<input type="checkbox"/> Fire Suppression System Worker Certificate (Cert.-I, II, or both)	\$150.00	3529	7/31/	

9. Applicant Certification

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 the possible revocation of any certificates issued as a result of my false application, and such other penalties as may be prescribed by law.

Applicant Signature _____ Date _____

PREREQUISITES (*LIST THOSE CHECKED DURING PROCESSING*)

REMARKS:

APPROVED

REFUSED

Reviewed By

Number

Date

Audit