

**Qualifying Person Affidavit**  
**Fire Alarm/Fire Suppression Firm**  
Michigan Department of Labor & Economic Growth  
Bureau of Fire Services  
Fire Safety Plan Review Division  
P.O. Box 30700  
Lansing, MI 48909  
PH. 517-241-8847 / FAX. 517-335-4061

Certification No. \_\_\_\_\_

Fire Alarm      Fire Suppression

Expiration Date: \_\_\_\_\_

FIRM NAME (PARENT NAME IF CORPORATION CERTIFICATION DESIRED)				
BRANCH NAME (IF APPLICABLE)				
<b>Qualifying Person Information</b>				
Prefix	First	Last	M.I.	TELEPHONE NUMBER
MAILING ADDRESS (STREET)		CITY	COUNTY	STATE      ZIP CODE

- CODES/CATEGORIES FOR WHICH YOU ARE QUALIFIED**
- |  |   |   |
|--|---|---|
| A. Fire alarm system                           | G. Custom designed clean agent suppression systems                                    | M. Water reservoir (aboveground)              |
| B. Fire alarm voice communication systems      | H. Pre-engineered clean agent suppression systems                                     | N. Water reservoir (underground)              |
| C. Custom designed carbon dioxide systems      | I. Custom designed foam systems   | O. Custom designed pressure tank water supply |
| D. Pre-engineered carbon dioxide systems       | J. Pre-engineered foam systems  | P. Engineered pump pressure supply            |
| E. Custom designed wet or dry chemical systems | K. Custom designed, water-based sprinkler systems, including underground water supply | Q. Engineered explosion suppression systems   |
| F. Pre-engineered wet or dry chemical systems  | L. Custom designed water spray or water mist systems                                  | R. Categories for new technologies            |

**EDUCATION/EXPERIENCE CODES\***

I am an architect licensed under the provisions of 1980 PA 299 (MCL 339.101 et seq.) with 12 months of approved experience within the last 5 years, in the category for which certification is requested.

I have a baccalaureate degree in an approved field of engineering, with 12 months of approved experience within the last 5 years, in the category for which certification is requested.

I am a graduate of an approved 4-year apprentice training program, with 12 months of approved experience within the last 5 years, in the category for which certification is requested.

I am a graduate of an approved training course by equipment manufacturer, with 12 months of approved experience within the last 5 years, in the category for which certification is requested. Course Name: \_\_\_\_\_ (include copy of certificate)

I am a holder of an electrical contractor or fire alarm contractor license, with 12 months of approved experience within the last 5 years, installing or servicing fire alarm systems in the category for which certification is requested. License Number: \_\_\_\_\_

I have 60 months of approved experience, 75% of which was accrued in the last 5 years.

I am certified by an approved engineering technician program.

I have other combinations of education and experience (attach details).

I am a holder of a mechanical contractor license. License Number: \_\_\_\_\_

**AFFIDAVIT OF QUALIFYING PERSON**

I hereby certify I am qualified for the categories indicated above and have the education and experience indicated.

NAME OF QUALIFYING PERSON (PRINT OR TYPE)	SIGNATURE	DATE
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**Attach signed and notarized technical qualifications resume and submit to the address listed.**

**NOTARY PUBLIC**

Subscribed and sworn before me, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, a Notary Public in and for \_\_\_\_\_ County, Michigan.

My Commission expires: \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Signature of Notary Public)

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.