

**Application for Renewal
Fire Alarm / Fire Suppression Firm**
 Department of Licensing and Regulatory Affairs
 Bureau of Fire Services
 Plan Review Division
 P.O. Box 30700
 Lansing, MI 48909
 Phone: (517) 241-8847 / Fax: (517) 332-1427

- Fire Alarm Firm \$150
 Fire Suppression Firm \$150

OFFICE USE ONLY	DO NOT WRITE - VALIDATION AREA
CERTIFICATION NO.	
EXPIRATION DATE	
DATE RECEIVED	

Firm Information					
Official Firm Name				Telephone Number	
Physical Street Address				City	State
				Zip Code	County

Firm Contact Person Information (All correspondence will be sent here)					
Title	Name (Last, First, MI)			Telephone Number	
Mailing Address	City			State	Zip Code
E-mail address (required)					

Codes / Categories Firm is Qualified For					
<input type="checkbox"/> A. Fire alarm systems	<input type="checkbox"/> G. Custom designed clean agent suppression systems	<input type="checkbox"/> M. Water reservoir (above ground)			
<input type="checkbox"/> B. Fire alarm voice communications systems	<input type="checkbox"/> H. Pre-engineered clean agent suppression systems	<input type="checkbox"/> N. Water reservoir (under ground)			
<input type="checkbox"/> C. Custom designed carbon dioxide systems	<input type="checkbox"/> I. Custom designed foam systems	<input type="checkbox"/> O. Custom designed pressure tank water supply			
<input type="checkbox"/> D. Pre-engineered carbon dioxide systems	<input type="checkbox"/> J. Pre-engineered foam systems	<input type="checkbox"/> P. Engineered pump pressure supply			
<input type="checkbox"/> E. Custom designed wet or dry chemical systems	<input type="checkbox"/> K. Custom designed, water-based sprinkler systems, including underground water supply	<input type="checkbox"/> Q. Engineered explosion suppression systems			
<input type="checkbox"/> F. Pre-engineered wet or dry chemical systems	<input type="checkbox"/> L. Custom designed water spray or water mist systems	<input type="checkbox"/> R. Categories for new technologies			

Qualifying Persons		
Category Codes	Full Name (Type or Print)	Signature

*For additional qualifying persons please attach additional pages.

Based on the information provided above, the above named firm is hereby granted certification in accordance with 1941 PA 207.

Plan Review Specialist Administrator Signature _____
Date

The Department of Licensing and Regulatory Affairs 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.