



## State Fire Marshal

Department of Commerce

Mike DeWine, Governor Jim Tressel, Lt. Governor Sherry Maxfield, Director

com.ohio.gov

### Application for Fire Protection Company Certification

Please choose company type: ☐ Main Company ☐ Sole Proprietor ☐ Branch office

Branch office must provide existing company number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

#### Filing Instructions

A. Application fee:

**Main Company** (partnership, limited liability company (LLC), association or corporation) - **\$200**

**Sole Proprietor** (a business in which one person owns all the assets, owes all the liability and operates in his/her capacity) - **\$50**

**Branch office** (a separate but dependent office of a main certified Fire Protection company that operates at a different address from the main company) - **\$10**

B. Submit check or money order payable to: **Treasurer, State of Ohio**. Fees are non-refundable.

C. Branch offices must provide a copy of main company license in good standing with their certification.

D. All categories **must submit** proof of liability insurance or bond in amount of a minimum of \$50,000.00.

E. List all persons responsible for the normal operations of the company (e.g. officers of the corporation, partners, etc.).

F. Companies not based in the state of Ohio must complete an irrevocable consent to legal service.

#### Company Information

Legal Name of Company \_\_\_\_\_

Address \_\_\_\_\_

City, State, and Zip \_\_\_\_\_

County \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Cell \_\_\_\_\_

#### Officers of the Corporation

Name \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Cell \_\_\_\_\_

#### Sole Proprietor

Name \_\_\_\_\_ Individual License Number \_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_

Address \_\_\_\_\_

City, State, and Zip \_\_\_\_\_

County \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Signature: \_\_\_\_\_

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

Testing & Registration Bureau  
8895 East Main Street  
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The State of Ohio is an Equal Opportunity Employer and Provider of ADA Services

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