

Minnesota State Fire Marshal Division

445 Minnesota St. – Suite 145
 St. Paul, Minnesota 55101-5145
 651-201-7200 / 651-215-0525 (fax)

APPLICATION FOR FIRE PROTECTION SPRINKLER SYSTEM CONTRACTOR LICENSE (Minnesota Statute 229M)

This application must be submitted to the **Minnesota State Fire Marshal Division** and accompanied by the appropriate license fee made **payable to the Minnesota State Fire Marshal Division**. The following items must accompany your application: a current public liability "Certificate of Insurance" that meets the requirements of Minnesota Rules, part 7512.1000; a bond meeting the requirements of Minnesota Rules, part 7512.0500; a completed tax information form required in Minnesota Rules, part 7512.0500; and documentation showing compliance with the workers' compensation insurance coverage required in Minnesota Rules, part 7512.0500. Complete answers must be given to all questions. Please print or type.

Company Information			
Business Name:			
Address:			
City:	State:	ZIP Code:	
Business Phone:	Fax Number:		
Contact Name:	Email Address:		
Applying to do business as:			
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company
Type of business and License Fee			
<input type="checkbox"/> Contractor - \$575.00	<input type="checkbox"/> Design Contractor - \$150.00	<input type="checkbox"/> Limited Contractor - \$150.00	
Owner Information - If applicant is a partnership, give name of each partner. If a corporation, give name of officer, director, and five percent shareholders.			
Last Name:	First Name:	MI:	
Address:			
City:	State:	Zip Code:	
Title:	Email Address:		
Date of Birth:	Driver's License Number:		
All data requested on a contractor license application is required by law or administrative rule. The information is used to identify your contractor license application record and determine your eligibility for a contractor license. Failure to provide required information may result in denial of the license. All information on the application is public and copies of the application or its information may be issued to anyone.			
(COMPLETE OTHER SIDE)			

SFM Office Use Only				
<input type="checkbox"/> Bond - \$30,000	<input type="checkbox"/> Insurance - \$250,000 per./\$500,000 occ. \$100,000 property damage	<input type="checkbox"/> Workers' Comp	<input type="checkbox"/> Managing Emp.	<input type="checkbox"/> MN Revenue Form
Approved:	Date:	Check No.:	Date:	Amount:

Designated Managing Employee – Must be employed full-time by the business listed on Page 1

Last Name:

First Name:

MI:

Home Address:

City:

State:

Zip Code:

Work Phone:

Email Address:

Date of Birth:

Driver's License Number

Licensure History

An application must contain a history of fire protection contractor licensure of each person, partnership, corporation, and limited liability company named on the application. The history must be of each fire protection contractor's license applied for or issued by Minnesota or by another jurisdiction; and must include the issuance and expiration dates of the license. If a contractor's license application was denied or a contractor's license was revoked, the history must give the date and the reason. Provide this history for each person, partnership, and corporation below. If additional space is needed, attach a separate sheet.

Insurance Information

Name:

Street Address:

City:

State:

Zip Code:

Business Phone:

Policy Number:

Signatures

I hereby certify that I am familiar with the Minnesota Statutes and the Minnesota Rules. All statements made by me on this application are to the best of my knowledge true and correct. I understand that any false statements or material misrepresentations on this application may be cause for denial, suspension, or revocation of the license.

An application by an individual must be signed by the individual. An application by a partnership must be signed by each partner. An application by a corporation must be signed by each officer, director, and five percent shareholder.

Name:

Signature:

Date:

Name:

Signature:

Date:

Name:

Signature:

Date:

Name:

Signature:

Date:

Fire Protection Sprinkler Contractor – Supplemental Sheet

Owner Information - If applicant is a partnership, give name of each partner. If a corporation, give name of officer, director, and five percent shareholders.

Last Name:	First Name:	MI:
Address:		
City:	State:	Zip Code:
Title:	Email Address:	
Date of Birth:	Driver's License Number:	
Last Name:	First Name:	MI:
Address:		
City:	State:	Zip Code:
Title:	Email Address:	
Date of Birth:	Driver's License Number:	
Last Name:	First Name:	MI:
Address:		
City:	State:	Zip Code:
Title:	Email Address:	
Date of Birth:	Driver's License Number:	
Last Name:	First Name:	MI:
Address:		
City:	State:	Zip Code:
Title:	Email Address:	
Date of Birth:	Driver's License Number:	
Last Name:	First Name:	MI:
Address:		
City:	State:	Zip Code:
Title:	Email Address:	
Date of Birth:	Driver's License Number:	