



**Office of the State Fire Marshal
State Fire Marshal**

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Elizabeth Tanner, Esq.
Director
Department of Business Regulations

Timothy P. McLaughlin
State Fire Marshal
Office of the State Fire Marshal

Application Extinguishing Equipment Company Permit

* Indicates required information

***Application Date**

New Permit

Place check mark ⇨

Renewal of Permit #

***Permit Type**

Portable Extinguisher: \$100.00 fee Fixed Systems: \$100.00 fee
Hydro: No charge

Extinguishing Equipment Company Location

*Company Name _____

*Address _____

*City _____ State _____ *Zip _____

*Phone _____ *Email Address _____

Applicant

*Title _____

*First Name _____ *Last Name _____

*Address _____

*City _____ *State _____ *Zip _____

*Phone _____ *Email Address _____

Extinguishing Equipment Company Owner

*Title _____

*First Name _____ *Last Name _____

*Address _____

*City _____ *State _____ *Zip _____

*Phone _____

Is business a corporation or association? yes ⇨ no ⇨

*If yes was checked the following is required to be filled out.

Partner

*Title _____
*First Name _____ *Last Name _____
*Address _____
*City _____ *State _____ *Zip _____
*Date of Birth _____ *Social Security# _____
*Phone _____

Partner

*Title _____
*First Name _____ *Last Name _____
*Address _____
*City _____ *State _____ *Zip _____
*Date of Birth _____ *Social Security# _____
*Phone _____

Partner

*Title _____
*First Name _____ *Last Name _____
*Address _____
*City _____ *State _____ *Zip _____
*Date of Birth _____ *Social Security# _____
*Phone _____

*Applicant Signature