



# Department of Commerce

Division of State Fire Marshal  
John R. Kasich, Governor  
Jacqueline T. Williams, Director

## Application for Company Fire Protection 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 \$200 Sole Proprietor \$50 Branch office \$10
- B. Submit check or money order payable to: **Treasurer, State of Ohio**. Fees are non- refundable.
- C. A sole proprietor is an individual working alone as the sole owner and sole operator (no employees, part-time, secretary, etc.).
- D. Branch offices must provide a copy of main company license in good standing with their certification.
- E. All categories **must submit** proof of liability insurance or bond in amount of a minimum of \$50,000.00.
- F. List all persons responsible for the normal operations of the company (e.g. officers of the corporation, partners, etc.)
- G. 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 Proprieter

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

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

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

Signature \_\_\_\_\_ Date \_\_\_\_\_