



**APPLICATION FOR FIRE SUPPRESSION  
SYSTEMS CONTRACTOR LICENSE**

*For further information call (215) 686-8686*

YOU CAN APPLY FOR THIS  
LICENSE ONLINE USING  
ECLIPSE OR VISIT IN PERSON AT:

DEPARTMENT OF LICENSES AND INSPECTIONS  
CUSTOMER CARE UNIT  
PUBLIC SERVICE CONCOURSE  
1401 John F. Kennedy Boulevard  
Philadelphia, PA 19102

Use a single check for all fees payable to "City of Philadelphia"

1. COMPANY NAME			2. COMPANY TELEPHONE NUMBER		
3. COMPANY ADDRESS - STREET		CITY	STATE	ZIP CODE	
4. NAME OF OWNER / PRINCIPAL		5. TITLE		6. HOME TELEPHONE NUMBER	
7. HOME ADDRESS - STREET		CITY	STATE	ZIP CODE	
8. BUSINESS INCOME AND RECEIPTS TAX NUMBER	9. COMMERCIAL ACTIVITY LICENSE NUMBER		10. APPLICANT FEDERAL TAX OR SOCIAL SECURITY NUMBER		11. APPLICANT DATE OF BIRTH MONTH / DAY / YEAR
12. LIABILITY INSURANCE CARRIER (ATTACH CERTIFICATE OF LIABILITY INSURANCE)			13. POLICY NUMBER		14. AMOUNT \$
15. WORKMEN'S COMPENSATION INSURANCE CARRIER (ATTACH CERTIFICATE OF INSURANCE)				16. POLICY NUMBER	
17. PREVIOUSLY LICENSED IN PHILADELPHIA LICENSE# _____ YEAR _____		18. PREVIOUSLY LICENSED OTHER THAN PHILADELPHIA WHERE _____ LICENSE _____ YEAR _____			

19. LICENSE TYPE	LICENSE FEE	LICENSE CODE	EXPIRATION DATE	LICENSE NUMBER
<input type="checkbox"/> SUPPRESSION SYSTEMS CONTRACTOR	\$258.00	3525	4/30/	
<input type="checkbox"/> COMMERCIAL ACTIVITY	\$300.00	3702	NONE	

LIST FULL-TIME EMPLOYEES WHO HOLD A FIRE SUPPRESSION SYSTEMS CERTIFICATE (WORKERS LICENSE).

TYPE (I, II, III)	NAME	CERTIFICATE NO.	TYPE (I, II, III)	NAME	CERTIFICATE NO.

20. CORPORATIONS AND PARTNERSHIPS (LIST THREE PRINCIPALS OR PARTNERS)

NAME OF PRINCIPAL OR PARTNER	TITLE	HOME ADDRESS (INCLUDE CITY, STATE, ZIP CODE)

21. APPLICANT CERTIFICATION

*I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein I am subject to the possible revocation of any license issued as a result of my false application, and such other penalties as may be prescribed by law.*

APPLICANT'S SIGNATURE \_\_\_\_\_