



Galveston Fire Department

FIRE PREVENTION DIVISION

CERTIFICATE OF REGISTRATION APPLICATION

Company Name _____

Physical Address _____ City _____

Mailing Address _____

City _____ State _____ Zip _____

Phone (____) _____ - _____ Fax (____) _____ - _____

State License _____ Expiration Date ____ / ____ / ____

COPIES OF ALL LICENSES AND CERTIFICATES ISSUED BY THE STATE FIRE MARSHAL'S OFFICE MUST BE SUBMITTED WITH THE COMPLETION OF THIS APPLICATION. PERMIT FEE IS \$225.00 FOR COMPANY AND ALL REGISTERED EMPLOYEES REGARDLESS OF NUMBER OF EMPLOYEES REGISTERED.

List the names of employees, licensed by the State Fire Marshal's Office, who desire to sell, service, and install portable fire extinguishers and fixed fire extinguishing systems.

| Employee Name | License # | Exp. Date | Permit No. | Receipt No |
|---------------|-----------|-----------|------------|------------|
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(List any additional employees on a separate sheet)

Make checks payable to "City of Galveston"

**Remit to: Office of the Fire Marshal
Galveston Fire Department
2517 Ball Street, Suite 207
Galveston, TX 77550**

**Phone (409) 797-3870
FAX (409) 797-3875**

Check No. _____