



Office of the Fire Marshal

Galveston Fire Department

CERTIFICATE OF REGISTRATION APPLICATION

Company Name _____

Physical Address _____ City _____

Mailing Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Email _____

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 \$200.00 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.

(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
823 26th Street
Galveston, TX 77550**

Phone (409) 797-3870

Permit No. _____

Check No. _____