

Administrative Rule: R-710.7

STATE OF UTAH APPLICATION FOR CERTIFICATION OF REGISTRATION AUTOMATIC FIRE SUPPRESSION SYSTEM SERVICE



Application Date: _

TYPE OF AP	PLICATION	□ NEW	□ RENEV	WAL □	FIRE SUPPRE	SSION SYSTEM	EXAM □ 5 YEAR RETEST	
Applicants Na	me:				HE	E No:	Orig Date:	
Home Address:					Н	No:		
City, State, Zip					Email Address:			
Other Informa	tion: Telepho	one: ()		C	ell Number: ()		
Date	of Birth:		Age:		Sex:			
Color	of Eyes:	Weig	ght:	Не	eight:	Color of Hair:		
Business Infor	mation:							
Address:					City, St	ate, Zip:		
BACKGROU	ND INFORM	IATION: R-7	10.7.7		SS Number			
If "Yes", indicate (Be candid and a READ THE I By submitting complete to the be conducted of State Administratutes and additional additional additional and additional addi	te the date, type list each on the left of Collowing this application best of my known me and the trative Code, Elministrative re	and location of back of this form G PARAGRA In I affirm that nowledge and information w R710-7-7.2. I alles of the Stat	the offense, n.) Have PH CARE it contains belief. I he ill only be also unders e of Utah v	you lived FULLY a no misre reby under used by the stand and with regar	BEFORE SUB epresentation or erstand and agree the State Fire Ma agree that failured to servicing fire	disposition and sent e within the last fi MITTING THIS falsification and the ee that a criminal harshal's Office to re to conduct busin	state: stencing information: ve years? □ Yes □ No APPLICATION: ne information is true and history background check will meet the requirements of Utah hess according to the adopted stems will subject myself to the tion.	
					Signature:			
Test Questions	s Answered Co	orrectly:						
Administrative	e: 1 2 3 4 5	5 6 7 8 9 10	11 12 13	3 14 15	16 17 18 19 2	20 21 22 23 24	25 Pass Unsuccessful	
Installer	1 2 3 4 5	6 6 7 8 9 10	11 12 13	3 14 15	16 17 18 19 2	20 21 22 23 24	25 Pass Unsuccessful	
Serviceman						20 21 22 23 24 42 43 44 45 46		
5-Year Exam:	1 2 3 4 5	5 6 7 8 9 10	11 12 13	3 14 15	16 17 18 19 2	20 21 22 23 24	25 Pass Unsuccessful	
Original Date		Renew Date		Renew Date		Renew Date	Renew Date	
Amount		Amt		Amt		Amt	Amt	
Paid Pagaint		Paid Receipt		Paid Receipt		Paid Receipt	Paid Receipt	
Receipt No		No		No		No	No	
Date Cert Sent		Cert		Cert		Cert Sent	Cert Sent	
SCIIL		Sent		Sent	1	SCIII	SCIIL	