

This application shall be accompanied by a list of employees, including you, their EE number and types of service performed.						
Name	EE#	Types	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Name	EE#	Types	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Name	EE#	Types	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Name	EE#	Types	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Name	EE#	Types	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Name	EE#	Types	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Name	EE#	Types	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

If additional space is needed, attach a separate sheet

Read the following paragraphs carefully before signing this application

After License "E" Number is issued, forward one copy of your service tag, hydrostatic test label, and if applicable, a facsimile of your USDOT hydrostatic mark or symbol.

I affirm that this application contains no misrepresentations or falsifications and the information is true and complete to the best of my knowledge and belief. I also understand and agree, that failure to conduct my business according to the adopted statues and administrative rules of the State of Utah with regard to servicing portable fire extinguishers, will subject myself to the possibility of the loss of my license and/or the possibility of criminal prosecution.

I hereby authorize, agree, consent and allow the State Fire Marshal and any of his properly authorized employees to enter, examine, and inspect any premises, building, room, or establishment used in servicing, charging, or testing portable fire extinguisher to determine compliance with the provisions of state law and the regulations and standards adopted by the State Fire Marshal.

Date _____

Applicant Doing Business As: Individual Partnership Corporation

Sole Ownership Print Name _____ Signature _____

Corporation Authorized Agent – Print Name _____
 Title _____ Signature _____

Partnership Print Name _____ Signature _____
 Print Name _____ Signature _____