



**STATE OF UTAH  
APPLICATION FOR CONCERN LICENSE OR STATUS CHANGE  
PORTABLE FIRE EXTINGUISHERS**

Updated: 8/7/2018

The required fee must accompany this application

<input type="checkbox"/> New Application	<input type="checkbox"/> Renewal	E#
<input type="checkbox"/> Business Concern for Profit	<input type="checkbox"/> Private In-House Concern	
<input type="checkbox"/> Non-Profit Exempt	<input type="checkbox"/> Location Change	<input type="checkbox"/> Other:

Name of Firm: \_\_\_\_\_

Physical Address of Firm: \_\_\_\_\_

City State Zip

Mailing Address of Firm: \_\_\_\_\_

City State Zip

Business Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Classification Type

Servicing any type portable fire extinguisher, except systems.

**\$300 Total Fee Due**  
 \$150 for Branch Office

Mail with fee to: **UTAH STATE FIRE MARSHAL, 410 WEST 9800 SOUTH 3<sup>RD</sup> FLOOR, SANDY, UT 84070**

**\*\*CONTINUED ON REVERSE SIDE\*\***

Original Date		Renewal Date		Renewal Date		Renewal Date		Renewal Date	
Amount Paid		Amount Paid		Amount Paid		Amount Paid		Amount Paid	
Receipt #		Receipt #		Receipt #		Receipt #		Receipt #	
Date lic sent		Date lic sent		Date lic sent		Date lic sent		Date lic sent	

This application shall be accompanied by a list of employees, including you and their EE number .	
Name	EE#
Name	EE#
Name	EE#
Name	EE#
Name	EE#
Name	EE#
Name	EE#

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 \_\_\_\_\_