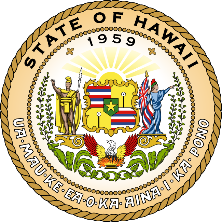
|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Official Use** | | | | | |
| **License #:** | | | | | |
| Approval Action | | Initials | Amount | Check/Cash | Date |
|  | Approved |  |  |  |  |
|  | Denied |



**FIRE SYSTEMS TESTING APPLICATION**

**Hawaii State Fire Council**

**636 South Street**

**Honolulu, Hawaii 96813-5007**

**808.723.7169**

|  |  |  |
| --- | --- | --- |
| Full Name | Date of Birth | |
|  |  | |
| Address | Telephone Number (Include Area Code) | |
|  |  | |
| City | State | Zip Code |
|  |  |  |
| Email | Cellular Telephone Number (Include Area Code) | |
|  |  | |
| Company Name (If Applicable) | Driver’s License Number | |
|  |  | |
| Company Address | Company Telephone Number (Include Area Code) | |
|  |  | |
| City | State | Zip Code |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Fire Systems Testing Categories** | | |
|  | Fire Alarm Systems (\*\***Attach manufacturer’s certificate of training to this form\*\***) | |
|  | Fire Extinguishers | |
|  | Non-Water-Based Fire Protection Systems (**Incl kitchen hoods and dry chemical systems only**)  **\*\*For other non-water-based fire protection systems check off the appropriate box below and attach manufacturer’s certificate of training to this form \*\***  Halon  CO2  Foam  Wet Chemical  Other: | |
|  | Water-Based Fire Protection Systems (Incl automatic sprinkler systems, private fire hydrants, spray booths/rooms) | |
|  | **Total # of Categories Checked** | |
|  | **TOTAL AMOUNT SUBMITTED (total # of categories X $300.00)** | |
|  | | |
| I certify the information provided on this application by me is true and accurate to the best of my knowledge. I understand any false information provided herein could result in the revocation of my license. | | |
| Date | Print Name | Signature |
|  |  |  |