|  |
| --- |
| **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 \*\***HalonCO2FoamWet ChemicalOther: |
|  | 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 |
|  |  |  |