



# Galveston Fire Department

## Office of the Fire Marshal

### CERTIFICATE OF REGISTRATION APPLICATION

Company Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ - \_\_\_\_\_

State License \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

❖ COMPANY REGISTRATON FEE: \$100.00 EMPLOYEE REGISTRATION FEE: \$50.00 (each)

**COPIES OF ALL LICENSES AND CERTIFICATES ISSUED BY THE STAE FIRE MARSHAL'S OFFICE MUST BE SUBMITTED WITH THE COMPLETION OF THIS APPLICATION.**

List the names of employees, licensed by the State Fire Marshal's Office, who desire to sell, service and install portable fire extinguishers and fixed fire extinguishing systems.

<u>Employee Name</u>	<u>License #</u>	<u>Exp. Date</u>	<u>Permit No.</u>	<u>Receipt No.</u>

Make checks payable to "City of Galveston"

Remit to: Office of the Fire Marshal  
Galveston Fire Department  
2517 Ave H Street, Suite 207  
Galveston, Texas 77550

Phone (409) 797-3870  
FAX (409) 797-3875

Check No.: \_\_\_\_\_