

**Fire and Emergency Services – Newfoundland and Labrador
Fire Protection and Detection Equipment Servicing Licence Application**

Individual Licence (Complete Fields 1-7)	Company Licence (Complete Fields 8-13)
1. Name:	8. Company:
2. Home Address:	9. Company Address:
3. Phone: Fax: Email:	10. Phone: Fax: Email:
4. New Licence YES <input type="checkbox"/> NO <input type="checkbox"/>	11. Company Contact and Title:
5. Renewal Licence YES <input type="checkbox"/> NO <input type="checkbox"/>	12. TC Requalifier # (if applicable):
6. Interprovincial Number (if applicable):	13. Systems/Equipment Represented:
7. Company Represented:	

*"This information is being collected by FES-NL under the authority of section 61(c) of the Access to Information and Protection of Privacy Act, 2015. It will be used for the purpose of securing payment for Fire Protection & Detection Equipment Servicing Licences. Financial information will be shared with Moneris for the purpose of processing payments. If you have any questions about the collection, use and disclosure of this information please contact Lisa Sullivan 729-3263.

CATEGORY OF LICENCE APPLIED FOR (To be completed for Individual or Company Licence)

- Portable Fire Extinguishers (FESNL-1)**
- Fire Extinguishing Systems**
 - Pre-Engineered Kitchen Fire Extinguishing Systems (FESNL-2)**
 - Pre-Engineered Industrial Fire Extinguishing Systems (FESNL-3)**
 - Engineered Fire Suppression Systems (FESNL-4)**
- Sprinkler and Other Water-Based Fire Protection Systems (FESNL-5)**
- Fire Alarm and Detection Systems (FESNL-6)**

TO BE COMPLETED FOR INDIVIDUAL LICENCE ONLY

- Proof of Certification Qualifications for Licence Requested attached (as per the Fire Protection and Detection Equipment Servicing Licences Policy)
- Supervisor Sign Off and Validated Log of Hours attached (where applicable)
- Proof of Factory Training attached (where applicable)
- Interprovincial and Other Jurisdictional Credentials attached (if applicable)

Incomplete applications will not be processed and will be returned for the required information or documentation.

Date _____

Signature _____

Submit to: FES-NL, P.O. Box 8700, 25 Hallett Crescent, St .John's, NL A1B 4J6 Telephone (709) 729-1608 Fax (709) 729-2524
Email: fesnllicence@gov.nl.ca