FIRE SUPPRESSION CONTRACTOR REGISTRATION

Saginaw Township Fire Department

Registration #: _____ Application Date: ____/____/____

Issuance Date: ____/____/____

Expiration Date: ____/____/____

Name:_____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: (____) _____ Cell: (____) _____

Drivers License No:_____ Date of Birth: ____/____/____

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Company Telephone: (____) _____

Insurance Company:_____

City: _____ State: _____ Zip: _____

NICET No. _____ (or attach system design or engineering certificate).

Manufacturer of extinguishers certified to install, service:

1. _____ 2. _____

3. _____ 4. _____

Location of hydro testing equipment: _____

DOT Registration No.: _____

Manufacturer of fire suppression systems certified to install, inspect, service:

1. _____ 2. _____

3. _____ 4. _____

Manufacturer fire suppression devices certified to install, inspect, service:

1. _____ 2. _____

3. _____ 4. _____