



APPLICATION FOR WATER-BASED FIRE PROTECTION CONTRACTOR'S CERTIFICATE

Name of Company:		
Address:		
City:	State:	Zip Code:
Email:	Phone: ()	
RESPONSIBLE MANAGING EMPLOYEE		
Name:		
Address:		
City:	State:	Zip Code:
Email:	Phone: ()	
Name of Engineering Certification Agency:		
Level of Certification:		
Engineering Certification #:	Expires:	
I certify that I am a full-time employee of:		
Signed:	Date:	
Liability Insurance Company:		
This application must include a \$100.00 (one –hundred dollars) fee check or money order, proof of insurance coverage and a copy of engineering certification. This certificate expires on September 30th of each year.		
New Certificate:	Test Date:	Test Location:
Renewal of Certificate:	Certificate #:	

**MAIN OFFICE
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(402) 471-2027**

ATTACHMENT A