South Carolina Department of Labor, Licensing and Regulation

Division of Fire and Life Safety • Office of State Fire Marshal
141 Monticello Trail Columbia, S.C. 29203
Phone: 803-896-9800 • www.scfiremarshal.llronline.com

2017 – 2019 Fire Equipment Application
Existing Employee Renewal

Permit Class: **A**☐ **B**☐ **C**☐ **D**☐ (submit current copy of Certificate of Training for Class "D")

Social Security: ___XXX_____-__X_____-_____ (Only last 5 digits required)

Name: _____
Last First Middle

Date of Birth: _____/_____/_____
Month Day Year

Driver's License Number: _____ **State:** _____

Home Address: _____
Street City County/ State Zip

Email Address: _____

Business Name: _____

Business Address: _____
Street City County/ State Zip

Phone: _____

I certify that I have carefully read and understand the provision of the State Fire Marshal's Regulations, Subarticle 4, Portable Fire Extinguishers and Fixed Fire Extinguishing Systems, Sections 71-8303.1 through 71-8303.18 (June 24, 2016 edition).

_____ _____
Signature of Applicant **Date of Application**