



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](http://www.scfiremarshal.llronline.com)



**2017 – 2019 Fire Equipment Application  
 New Employee**

**Permit Class:** A  B  C  D  (submit current copy of Certificate of Training for “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:** \_\_\_\_\_

**PLEASE NOTE: A Verification of Lawful Presence form must be completed and attached for all new permit holders.**

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

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Date of Application