Office of State Fire Marshal 45 Commerce Drive, Suite 1 52 State House Station Augusta, Maine 04333-0052 207-626-3880 Phone 207-287-6251 Fax Sprinkler.FMO@maine.gov www.maine.gov/dps/fmo/home

Application / Renewal Form for Fire Sprinkler License with CONTRACTOR Endorsement

Complete this	form, then mail it to	the above address v	vith a check made o	ut to "Treasurer, Sta	te of Maine".
	Initial License (\$	300)			
	Renewal or Reinstat	ed License (\$300)	My Current (o	r Expired) License #	is:
	•	ears from the da piration date for	•	d for initial & rein	stated
Your Comp	any Name the w	vay that you wan	t it to appear on	your license:	
Mailing add	dress:				
Street or Po	O Box:				
Town:				Zip:	
The physica	al location addre	ess where you ca	an be located if c	lifferent from add	dress above:
				Zip:	
Work Phone	e:		Fax:		
Email Address: Home Phone:					
		e following insta			
Kwe	nch 🔲 Upor	nor 🔲 Viega	Rehau	u Watts	CPVC
		rdly posted to oเ owing info on ou			s but
□ No-a	address	No-work ph	none	No-fax	
Who is(are)	the primary dec	cision-maker(s) f	for the company.	•	
Please rem	ember to keep o	our office update	d of any change	s in contact info	rmation!
The area below is	to be filled in by the O	office of State Fire Mars	shal:		
Date Received	Fee Received	Check #	Date Issued	Expiration Date	Number Issued