

**Deerfield-Bannockburn Fire Protection District  
Bureau of Fire Prevention  
500 Waukegan Road  
(847) 945-4066    Deerfield, IL 60015    Fax: (847) 945-8951**

**APPLICATION FOR A CERTIFICATE OF REGISTRATION**

Date: \_\_\_\_\_

Fee: \$50.00

Application is hereby made for a Certificate of Registration for our firm to install and/or service:

\_\_\_\_\_ Portable or Fixed Fire Extinguishing Equipment

\_\_\_\_\_ Automatic Fire Sprinkler and Standpipe Systems

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(Please Type or Print the Following)

Name of Firm: \_\_\_\_\_

Name of Business Owner/Manager: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_

Have You ever Operated this Type of Business Under Another Name? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Under What Name(s): \_\_\_\_\_

Please List all Experience and/or Certification Training your Business has for this Type of Work:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your Firm Licensed or Registered By Any Other Fire Dept.? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If yes, please attach copies)

State License Number: \_\_\_\_\_  
(please attach copies)

\_\_\_\_\_  
Applicants Signature

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(OFFICE USE ONLY)

Date Received: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Date Rejected: \_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

**IS / IS NOT APPROVED**

**Registration #** \_\_\_\_\_