

# FIRE EXTINGUISHER AGENT'S LICENSE APPLICATION

*In accordance with the fire Safety Act and Regulations*

All sections must be filled out completely to facilitate processing.

## COMPANY INFORMATION

Company Name:
Registration Number: (Registry of Joint Stocks):

## CIVIC ADDRESS

Civic Number:	Street Name:	Unit/Suite/Apt #:
City:	Province:	Postal Code:

## MAILING ADDRESS (if different)

Civic Number:	Street Name:	Unit/Suite/Apt #:	PO Box:
City:	Province:	Postal Code:	

## CONTACT INFORMATION

Title:	First Name:	Last Name:
Phone Number:	Ext:	Fax Number:
Email Address:		

## SERVICES REQUESTED:

- Annual Service
  Recharge
  Hydro Test

## GENERAL INFORMATION

Please remit payment to the address above in the form of a cheque or money order payable to **Minister of Finance** in the amount of \$96.50.

I have studied the *Fire Safety Act* and Regulations and I am familiar with the requirements.

Signature:
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