CITY AND COUNTY OF DENVER
DEPARTMENT OF SAFETY
FIRE • POLICE • SHERIFF
9-1-1 • COMMUNITY CORRECTIONS
CRIME PREVENTION & CONTROL • SAFE CITY

Office of Fire Prevention
Denver Fire Department
745 W. Colfax Avenue
Denver, CO 80204
Phone: (720) 913-3474
Fax: (720) 913-3596
www.denvergov.org/firedepartment

APPLICATION FOR FIRE SAFETY SYSTEMS LICENSE, APPRENTICE REGISTRATION

APPLICANT (PRINT CLEARLY)

Name (first, middle initial, last)

Home Address

City, State Zip

Email Address

Home Telephone | Cell Phone

Fax | Driver's License No. & State Issued

You want to apply as a/an: (please check)

- ☐ Apprentice
- ☐ Journeyman / Inspector

Renewal

- ☐ Apprentice
- ☐ Journeyman / Inspector license

For: (please check)

- ☐ Fire Sprinkler
- ☐ Fire Extinguisher
- ☐ Fire Alarm
- ☐ Public Safety Bi-Directional Amplifier System (BDA)
- ☐ Fire Pump
- ☐ Healthcare Safety Coordinator
- ☐ Venue Safety and Emergency Evacuation
- ☐ Central Station Runner
- ☐ Commercial Kitchen Hood Extinguisher

CERTIFICATES/LICENSES/MEMBERSHIPS

List appropriate **CERTIFICATES, LICENSES or MEMBERSHIPS** (such as local union 669, NICET Level Certification etc…) issued to applicant by other agencies or jurisdictions:

1. Type_____ Issued by_____

   Date (month and year)_____ Registration #_____

2. Type_____ Issued by_____

   Date (month and year)_____ Registration #_____

EMPLOYMENT

In order to be licensed as a Fire Safety System Journeyman/Inspector, you must have proof of your CSA card.
Experience documentation is necessary to verify your experience prior to issuing your Denver certificate.
Do not pay for your certificate prior to the qualification process.

Employment History (please start with most recent / current employer):

1)

Company | Type of Work or Job Title

Address

City | State | Zip | Telephone | Fax

Employed From (__/__/__) | Current (__/__/__) | Supervisor's Name

(CONTINUED)

2)

Company _____ Type of Work or Job Title _____

Address _____

City _____ State _____ Zip _____ Telephone _____ Fax _____

Employed From ____/____/____ To ____/____/____ Supervisor's Name _____

3)

Company _____ Type of Work or Job Title _____

Address _____

City _____ State _____ Zip _____ Telephone _____ Fax _____

Employed From ____/____/____ To ____/____/____ Supervisor's Name _____

I certify that the information provided herein and appended hereto is true and accurate to the best of my knowledge, information, and belief. TITLE 18 USC 1001 makes it a criminal offense for any person knowingly and willingly to make to any agency or department of the City and County of Denver any false, fictitious, or fraudulent statements as to any matter within its jurisdiction. I authorize the Denver Fire Department to contact any organizations listed on this application and past or present employers to verify membership and experience.

Signature _____ **Date** _____

FEES Make checks payable to: **Denver Manager of Finance**	**Please check which fees you are submitting**	**Total Attached Amount:**
Apprentice Registration/Renew Application: Healthcare Coordinator License Renewal: Venue Safety and Emergency Evacuation	☐ $50 ☐ $150 for 3 year cycle ☐ $150 for 3 year cycle ☐ $150 ☐ $150 for 3 year cycle	

Applicants for Journeyman license must submit proof of there CSA card with $150 for a 3 year certificate. Application must be submitted prior to us issuing your certificate. All applicants are required to sign an affidavit of lawful presence in the U.S. prior to the issuing of a license or apprentice registration card. Payment can be made in cash, check, credit card or money order.

Submitted fees are not refundable. The fee for a returned check is $30.

Mail this completed application with check or money order to: Fire Prevention & Investigation Division - Licensing Program Denver Fire Department - 745 W. Colfax Avenue - Denver, CO 80204 You may also email your form to dfdlicensing@denvergov.org, and pay your fee on-line at Fire License Pay-Online.	**ALL JOURNEYMAN/INSPECTORS MUST OBTAIN AN ID CARD FROM CSA. Please visit https://www.csaexams.com/** Spanish Fire Sprinkler licensees must take the State Fitter Exam. Please visit https://dfpc.colorado.gov/state_fitter_exam

"Everyone Comes Home"

DENVER
THE MILE HIGH CITY

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FIRE SAFETY SYSTEMS LICENSING PROGRAM

AFFIDAVIT
For the City and County of Denver as Proof of Lawful Presence
in the United States

I, Applicant, swear or affirm under penalty of perjury under the laws of the State of Colorado the following:

1. I am over eighteen years of age and am competent to make this Affidavit.
2. I swear or affirm that (check one):
   - ☐ I am a United States citizen, or
   - ☐ I am a legal permanent resident of the United States, or
   - ☐ I am an alien lawfully present in the United States pursuant to Federal law.
3. I understand that this sworn statement is required by law because I have applied for a public benefit in the form of a City and County of Denver Fire Safety Systems License. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statutes §18.8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

_____
Signature of Applicant

_____
Name of Applicant (printed)

Date: _____, 20____.