


 Division of Fire Safety
 Fire Suppression Program
 690 Kipling Street, Ste. 2000
 Denver, CO 80215
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 steve.gasowski@cdps.state.co.us

DFS USE ONLY

Date Received: _____
 Requirements Met? Y N Return Date: _____
 Entered in Database? Y N Date: _____
 Certificate Sent? Y N Date: _____

Fire Suppression Backflow Application

Please Type or Print Information

Date of Application: _____

New Applicant Renewal If Renewal, Registration #: _____

(All certifications are valid from January 1 – December 31 during the calendar year.)

I hereby apply for the following DFS Fire Suppression Program in the State of Colorado for the calendar year _____. By registering for the DFS Fire Suppression Backflow Contractor Program, I agree to meet and comply with all of the current program certification requirements.

(Current Fire Suppression Rules are available at: <http://dfs.state.co.us/SuppAppsProc-FINAL.htm> or by request by calling 720-852-6735.)

I agree to meet and comply with the Division of Fire Safety Fire Suppression Rules.

Principal's Signature: _____ Date: _____

Business Name: _____

Principal Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (____) _____ Email : _____

Certification Type (if applicable): ASSE Certification, Number: _____

(current copies must be provided) ABPA Certification, Number: _____

Certification Expiration Date: _____ + _____

 Final Checklist: DO NOT SEND APPLICATION UNLESS ALL BOXES ARE CHECKED	
<input type="checkbox"/>	I have completed my Principal Acknowledgment form and had it notarized.
<input type="checkbox"/>	I have completed my Affidavit of Legal Residency and had it notarized. <i>This is only necessary if this is a "new" registration or there has been a "principal" change.</i>
<input type="checkbox"/>	I have provided current copies of all required qualifications/certifications. <i>(ASSE or ABPA Certification)</i>
<input type="checkbox"/>	I have provided a current copy of the named principal's driver's license. <i>This is only necessary if this is a "new" registration or there has been a "principal" change.</i>
<input type="checkbox"/>	I have provided a current copy of my business general liability insurance.
<input type="checkbox"/>	I am currently registered in "Good Standing" with the Colorado Secretary of State. <i>(Check your status at http://www.sos.state.co.us/biz/BusinessEntityCriteriaExt.do)</i>
<input type="checkbox"/>	I enclosed a check or money order for the appropriate registration fees or provided my credit card number and expiration date. CC# _____ Exp. _____
DO NOT SEND APPLICATION UNLESS ALL BOXES ARE CHECKED	