



COLORADO DIVISION OF FIRE SAFETY

690 Kipling Street, Ste 2000
Lakewood, CO 80215
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FIRE SUPPRESSION PROGRAM Principal's Acknowledgment of Responsibilities

Fire Suppression Registrant Name: _____

Principal Printed Name: _____

Registration within the Division of Fire Safety's Fire Suppression Program requires that the "principal" of the company be identified and attest to the following Acknowledgement of Responsibilities.

For the purposes of the Fire Suppression Program a principal is defined as the following (C.R.S. 24-33.5-1202(8)):

"Principal" means an individual having a position of responsibility in any entity acting as a fire suppression contractor, including but not limited to any manager, director, officer, partner, owner, or shareholder owning ten percent or more of the stocks of any such entity

As a principal of the registered fire suppression contractor named on this form, I understand that:

1. I am responsible for understanding and complying with the requirements of all rules and regulations that apply to the Fire Suppression Program as specified in 8 CCR 1507-11.
2. I am responsible for understanding and complying with the requirements of the adopted rules, regulations, codes, and standards of all jurisdictions where I perform work.
3. I shall not be involved in any unethical acts and will accept full responsibility for my actions.
4. I shall perform my duties in an efficient and competent manner and with integrity.
5. I shall not misrepresent myself or any of my representatives' academic, professional, or industry qualifications nor exaggerate my degree of responsibility for any type of work.
6. I shall maintain my technical knowledge and skills that apply to my occupation or trade and will strive to encourage others within the industry to do the same.
7. I shall have due regard for the safety and well-being of all persons under my employ or for which I work with and shall bring any unsafe conditions that threaten the safety, health, or welfare of the public to the responsible party.
8. I will only employ or allow work to be performed by competent, qualified persons who are a legal citizen of the United States of America.
9. I shall notify the Division of Fire Safety or local jurisdiction of any and all illegal practices associated with this or any other program regulated by the State of Colorado.

As a registrant within the Fire Suppression Program, my signature attests to the fact that I have read this document and will strive to work in collaboration with the Division of Fire Safety to ensure that the integrity of this program is upheld.

Principal Signature

Date

Subscribed and affirmed, or sworn before me in the County of _____.

State of _____, this _____ day of _____, 20_____.

My commission expires: _____

Notary Public signature: _____