

**Department of Community Affairs
Division of Fire Safety
Contractor Certification Unit**

NJ Division of Fire Safety
Contractor Certification and
Emblems Unit
P.O. Box 809
Trenton, NJ 08625-0809

Business Permits will not
be issued unless this form is
signed by individual (s)
Responsible for work in each
trade



Phone: 609-324-3560
Fax: 609-324-8493
www.state.nj.us/dca/dfs

Date: / /

Qualifier Verification Form (Please Print)

Business /Facility

Name: _____

Location:

Telephone: _____

Contact Person: _____

Position _____

Fire Protection Equipment Services you provide: Please **print name and sign** by each trade you are responsible for. Note: by doing so you accept responsibility as qualifier per N.J.A.C. 5:74 as responsible person for each trade.

Fire Alarm Systems C-4
print _____ X _____ Certification # _____

Fire Sprinkler System C-2
print _____ X _____ _____

Special Hazard Fire Suppression C-3
print _____ X _____ _____

Portable Fire Extinguishers C-5
print _____ X _____ _____

Kitchen Fire Suppression C-6
print _____ X _____ _____

Please call if you have any questions.