



BOB RILEY
GOVERNOR

**STATE OF ALABAMA
DEPARTMENT OF INSURANCE**

State Fire Marshals Office
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WALTER A. BELL
COMMISSIONER

State Fire Marshal
Edward S. Paulk

MAILING ADDRESS:

P.O. BOX 303352
MONTGOMERY, AL 36130-3352

OVERNIGHT ADDRESS:

201 MONROE STREET, SUITE 1790
MONTGOMERY, AL 36104
PLEASE USE FEDEX, UPS OR DHL

**APPLICATION FOR SKILLED WORKER EXEMPTION CERTIFICATE
FOR WEEKLY FIRE PUMP TESTING**

The fee of \$100.00, per person-per pump-per year, for the non-transferable permit must accompany this application along with a copy of certification of completion for the Weekly Fire Pump Test, Inspection and Maintenance class.

In compliance with Alabama Department of Insurance Regulation Number 482-2-103, I hereby apply for a Skilled Worker Exemption Certificate for Weekly Fire Pump Testing to perform the weekly test required by the National Fire Protection Association Standard for Water Based Fire Protection Systems NFPA 25. I have been trained, tested, and certified to perform these tests and understand that the first test performed on the fire pump, identified below, each year must be witnessed and approved by the fire protection sprinkler contractor responsible for the overall maintenance of this pump and system.

APPLICANT'S NAME: _____

APPLICANT'S SSN: _____ (REQUIRED) DOB: _____ (REQUIRED)

EMPLOYER/FIRE PUMP OWNER: _____

PHYSICAL ADDRESS OF EMPLOYER: _____
ADDRESS, CITY, STATE, ZIP CODE

TELEPHONE NUMBER: ____ (____) _____

PHYSICAL ADDRESS OF FIRE PUMP: _____
ADDRESS, CITY, STATE, ZIP CODE

UNIQUE SERIAL NUMBER OR LOCATION OF THIS FIRE PUMP: _____

FIRE PROTECTION SPRINKLER CONTRACTOR RESPONSIBLE FOR OVERALL MAINTENANCE OF THIS PUMP & SYSTEM: _____

Applicant's Signature/Date

Supervisor's Signature/Date

FOR STATE FIRE MARSHALS OFFICE USE ONLY!
VERIFICATION APPLICANT WAS TRAINED, TESTED, AND CERTIFIED TO PERFORM WEEKLY FIRE PUMP TEST –

Equal Opportunity Employer