



Division of Fire and Life Safety
Life Safety Inspection Bureau

5700 East Tudor Road, Anchorage, Alaska 99507

Phone: (907) 269-5637 | Fax: (907) 269-5018 | Email: dps.fireextinguisher@alaska.gov

Application for Portable Fire Extinguisher Permit

(Authority 13AAC 50.030 (h))

Replacement

APPLICANT INFORMATION			EMPLOYER INFORMATION		
Applicant Legal Name:			Business Name:		
Date of Birth:	Phone Number:		Phone Number:		
Mailing Address:			Mailing Address:		
City:	State:	Zip Code:	City:	State:	Zip Code:

PURPOSE FOR REQUEST			APPLICANT PERMIT #
Damaged	Misplaced	Stolen	

APPLICANT ACKNOWLEDGMENT	
<p><i>I acknowledge and agree to the following:</i></p> <ul style="list-style-type: none"> • Presently there is no processing or permitting fee; <i>and</i> • Permits are issued to the person listed on the application and not the name of a company; <i>and</i> • This application only replaces the current permit, it does not warrant a new expiration date or permit number; <i>and</i> • I will perform only those functions on portable fire extinguishers to the class indicated on my permit; <i>and</i> • I understand that I must identify my work on fire extinguishers by placing my permit number and initials on the inspection tags; <i>and</i> • I further certify the information supplied on this application is true and accurate to the best of my knowledge 	
Applicant Signature	Date

LSIB OFFICIAL USE		
Date received in office:	Date processed:	Permit #: