**APPLICATION TO: INSTALL, REPAIR & ROUTINELY SERVICE FIRE PROTECTION SYSTEM**

**COMPANY NAME**

**Type of system/s this application relates to:**

**AUTOMATIC FIRE DETECTION AND ALARM SYSTEMS**

Fire detection, warning, control and intercom systems

Install Repair Routinely Service

System design, installation and commissioning Emergency warning and intercom (1670.4)

Install Repair Routinely Service

**AUTOMATIC FIRE SPRINKLER SYSTEMS**

Includes fire pumps & fire tanks (FPAA01D & FPAA01H)

Install  Repair Routinely Service

**GASEOUS FIRE EXTINGUISHING SYSTEMS (AS 4214) – (OZONE DEPLETING SYSTEMS)**

Install Repair Routinely Service

EAHL Licence No:

Supply Entitlements Types:

(a scan of back/front of your licence is required in your CV)

**APPLICATION FEE**

In order to have your application processed, an application fee of $514.00 (New Applicant).

$267.00 (Currently holds a Permit with TFS) is payable and must accompany your application. Please note, that the application fee is non-refundable.

There is also a subsequent permit administration fee of $184.00 per year which is payable once your application is approved.

I am seeking a permit for:  1 year

2 years

3 years

**PERMIT APPLICANT**

**Name of Permit Applicant:** (if company, please provide name and ABN)

**Postal address:**

**Phone B/H:** **Mobile:**

**Phone A/H:** **Email:**

**TECHNICAL NOMINEE**

The technical nominee is responsible and accountable for all aspects of work relating to this permit.

**Name of Technical Nominee – Dry Systems:**

**Phone B/H:** **Mobile:**

**Email:**

**Technical Nominee Fire Protection Services Occupational Licence Number:**

**Name of Technical Nominee – Wet Systems:**

**Phone B/H:** **Mobile:**

**Email:**

**Technical Nominee Fire Protection Services Occupational Licence Number:**

**Name of Technical Nominee – Gaseous Fire Extinguishing Systems:**

**Phone B/H:** **Mobile:**

**Email:**

**Technical Nominee Fire Protection Services Occupational Licence Number:**

As part of the application process, please address the following:

1. **FIRE PROTECTION SYSTEMS – CODE OF PRACTICE**

When installing, repairing and/or routinely servicing a fire protection system, the Technical Nominee must conduct all work strictly in accordance with the relevant requirements detailed in the Tasmania Fire Service ‘Fire Protection Systems – Code of Practice’.

The Code of Practice can be located on the **TFS website** under Tab **Building Safety Unit, Equipment Permits.**

Do you understand and agree to comply with the (relevant sections) of the Code?

Yes  No

1. **AFTER HOURS**

Adequate after hour’s service must be provided.

Please list your afterhours contact details below. After hours response shall be within 4 hours to high life hazard building such as hospitals, age care facilities, hotel/motels and the like, and within 8 hours for the remainder.

Note: It is highly probable this list will be accessed by the Tasmania Fire Service in the case of an emergency or for afterhours contact and it is therefore important that details are updated as required and forwarded to the TFS immediately after any changes occur.

**After hour Contacts:**

*Name:*

*Contact Numbers (WK & Mobile):*

*Email:*

**After hour Contacts:**

*Name:*

*Contact Numbers (WK & Mobile):*

*Email:*

**After hour Contacts:**

*Name:*

*Contact Numbers (WK & Mobile):*

*Email:*

1. **CURRICULUM VITAE (CV)** **DETAILS**

Curriculum vitae (CV) documents is required to be completed for **each** employee associated with conducting this work.

Each CV should specifically address:

* + All competence (CPD, qualifications, knowledge, skills, experience etc.) that is relevant to the work to be undertaken by **each person**;
  + Their experience in interpreting Codes and Australian Standards and;
  + Details of all previous experience working with fire protection equipment including a list of recent works, and the scope of activity undertaken by the applicant.

Where there is little or no previous fire protection systems experience to draw on, it is incumbent on the applicant to provide the necessary evidence to demonstrate how the requirements detailed or referred to in the code of practice will be achieved.

NOTE: if this application is following on from a previous permit. You MUST only provide information relating to qualifications, certificates and CPD obtained since your last application.

**CV to be completed for each employee associated with conducting the works**

|  |  |
| --- | --- |
| **Name:** |  |
| Position |  |
| Contact Details |  |
| Type of work carried out  (Dry, Wet, Gaseous Fire Extinguishing Systems) |  |
| Employment History |  |
| Knowledge, Skills, Experience  (List all) |  |
| CPD |  |
| Nominate the relevant AS in line with your application |  |
| Licenses  Include: EAHL (both front and back of licence) |  |
| Qualifications  Include: Statements of Attainment, Cetificates of Attendance |  |
| Experience in interpreting Codes and Australian Standards |  |

Individual copy of the above CV with supporting documents attached for each employee: Yes  No

1. **REFEREE REPORTS**

Nominate three (3) **current independent peer referees** for each separate Wet, Dry and Gaseous Fire Extinguishing Systems.

These referees are to validate the competence of the **Technical Nominee**. Please refer to the Referee Report below and distribute to all your nominated referees, who you will rely upon.

Submit all 3 reports with your completed application.

**Note:** Referees must be in a position to be able to attest to the applicants’ competence and performance in the range of work associated with this application see attached Appendix A Information for prospective permit holders.

**Please list the technical nominees referee names you have submitted**

**Referee 1:**

*Referee Name:*

*Referee Company:*

*Referee Email:*

*Referee Contact Number:*

**Referee 2:**

*Referee Name:*

*Referee Company:*

*Referee Email:*

*Referee Contact Number:*

**Referee 3:**

*Referee Name:*

*Referee Company:*

*Referee Email:*

*Referee Contact Number:*

1. **SCHEDULED WORKS**

List significant projects completed in the last year:

* listing the sites that have been worked on;
* type of system;
* dates works carried out;
* works conducted by whom.

1. **DECLARATION**

**Technical Nominee Declaration**

*I (technical nominee)*

*of*

*declare that to the best of my knowledge and belief, the information provided in this application is true in substance and in fact.*

…….. / …….. / ……..

Signature Date

**Permit Applicant Declaration**

*I (Permit Applicant)*

*of*

*and holding the position of*

*declare that to the best of my knowledge and belief, the information provided in this application is true in substance and in fact.*

…….. / …….. / ……..

Signature Date



**Referee Report – Fire Protection Systems**

**Referee Name:**

**Referee Company:**

**Referee Email:**

**Referee Contact Number:**

**Name of Technical Nominee:**

**Permit Type:** **Dry System**  **Wet System**  **Fire Extinguishing System**

1. Please list a significant project that you have had close involvement in where the technical nominee has delivered all or some of the categories of work listed in the permit type above, including details regarding the name and address of the premises; the type of system; and the technical nominee’s role in the project.

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2 Please provide testament of the technical nominee’s competence in the installation, maintenance and/ or repair of fire protection systems

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I declare that the information supplied is an accurate summary of my knowledge of the permit applicant’s capacity to complete the work anticipated.

Signed: …………………………………………….. Date: ……../……../……..

Permit Service Schedule

Work completed in the last 12 month period

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Premises  (Provide all information required to accurately identify the premises) | Type of Systems  (e.g. Sprinkler) | **Date work conducted** | Work Conducted  (e.g. new installation, routinely service etc.) | By Whom  (who conducted work) |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

Permit Holder Date: Name of authorised person: ………………………………