PORTABLE FIRE EXTINGUISHER SERVICER TECHNICIAN APPLICATION



44 W. Riverside Avenue Spokane, WA 99201-0189 (509) 625-7000 (509) 625-7006 Fax www.spokanefire.org



Work shall comply with all applicable codes and standards, including NFPA 10 and the Spokane Municipal Code.

This application form must be completed in its entirety.

	11	*	<u> </u>	
	TECHNICIAN APPL	ICANT INFORMATION		
APPLICANT'S				
LEGAL NAME: HOME ADDRESS:		anni.	COTA TOTA	are.
	DATE OF		STATE	ZIP
HOME PHONE#:	BIRTH:	E-MAIL	· :	
SIGNATURE OF APPLICANT:	X			
	EMPLOYER / COM	PANY INFORMATION		
BUSINESS NAME:				
BUSINESS ADDRESS:		CITY		
		E-MAIL:		
SPOKANE BUSINESS LICENSE #: EXPIRATION:				
 □ A completed applic □ \$70.00 registration □ Copy of current Cir □ Training or work e employer as applic 	ner Servicer registration in the ration form fee payable to the "City of S y business license (applican xperience documentation (stable, etc., that the applicant here.)	t's or employer's) upplemental licenses, certifica nas available)	of the following	g: employer or former
Requalifer Identification		rmits de Ave.	Department	of Transportation
		FIRE D APPROVED BY:	DEPARTMENT USE	ONLY