



**Bonneville County Fire Protection District #1**  
**Ammon Division**  
**2137 South Ammon Road**  
**Ammon, Idaho, 83406**  
**Phone: 208-612-4060**  
**www.bcf1.us**



Description: A "Life Safety License" is required to install, modify, maintain, or service all new and existing fire extinguishers, fire suppression systems, and other approved fire protection and life safety systems. Completion of this document is an agreement to comply with all City ordinances, adopted codes, and state laws relating to the installation, modification, maintenance, and service of new and existing life safety systems. Fee is \$125.00. Fee is collected in accordance with AMMON CITY ORDINANCE 7-7-6 and the current City Council resolution pertaining to Fire Department fees. Reference: 1. International Fire Code (IFC) - Chapter 9, Fire Protection Systems; 2. Ammon City Ordinance - Title 7, Chapter 7, Section 6 (7-7-6)

ALL REQUESTED INFORMATION MUST BE PROVIDED IN ORDER TO PROCESS THIS APPLICATION

COMPANY NAME:	COMPANY ADDRESS:
COMPANY PHONE:	CELL PHONE:
APPLICANT NAME:	CHECK ALL THAT APPLY OWNER      MANAGER      TECHNICIAN

IDENTIFY SYSTEMS TO BE COVERED BY THIS LICENSE APPLICATION - CHECK ALL THAT APPLY

- FIRE ALARM SYSTEMS
- FIRE SPRINKLER SYSTEMS
- FIRE EXTINGUISHERS
- HOOD SUPPRESSION SYSTEMS
- FIRE STANDPIPE
- FIRE PUMPS
- SMOKE CONTROL SYSTEMS
- SPECIAL HAZARD SYSTEMS
- OTHER \_\_\_\_\_

PLEASE LIST ALL COMPANIES/LOCATIONS YOU PERFORM SERVICES FOR WITHIN THE CITY OF AMMON

\* Information referencing customers will be kept strictly CONFIDENTIAL. \*

CUSTOMER NAME:
CUSTOMER NAME:
CUSTOMER NAME:
CUSTOMER NAME:

\*\*I certify that I have read this application and declare under penalty of perjury that the information contained herein is correct and complete. I hereby authorize representatives of this City to inspect any work for compliance purposes. I am either the contractor responsible for the work or I represent the owner, as signified above, and I am acting with the Owner's/Contractor's full knowledge and consent\*\*

\_\_\_\_\_  
Application Date      License Applicant - Printed Name      License Applicant - Signature  
**LICENSE VALID FOR ONE YEAR FROM DATE OF APPROVAL**

DO NOT WRITE IN THIS SPACE BELOW- OFFICIAL USE ONLY

RECEIPT#	LICENSE APPROVED <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE:
LIFE SAFETY LICENSE#	EXPIRES ON:	
FIRE MARSHAL:		
DATE:		

REY. 3/1/2022