PERMIT APPLICANT & COMPANY DETAILS:

COMPANY NAME: ….……………………………………………………………………………….……

COMPANY REPRESENTATIVE: ……………………………………………….………………………

PHONE: …...…………………………………… MOBILE: ………………………………………

EMAIL: …………………………………………………………………………………….……………….

ABN: ………………………………………………………………………………….…………………….

Please specify type of Permit required below

DRY: [ ]  Automatic Fire Detection and Alarm Systems

Fire detection, and occupant warning systems

Install [ ]  Repair [ ]  Routinely Service [ ]

System installation and commissioning Emergency Warning and Intercom (1670.4)

Install [ ]  Repair [ ]  Routinely Service [ ]

WET: [ ]  Automatic Fire Sprinkler Systems (AS2118)

Includes fire pumps and fire tanks

Install [ ]  Repair [ ]  Routinely Service [ ]

Includes FPAA01D & FPAA01H Systems

GASEOUS: [ ]  Gaseous Fire Extinguishing Systems (AS 4214)

Includes Ozone and Non-Ozone Depleting Systems

Install [ ]  Repair [ ]  Routinely Service [ ]

APPLICATION FEES:

Payment must be made prior to the issuance of the Permit.

Our current fees can be found here: [Permit Fees and Charges 2025-2026](https://www.fire.tas.gov.au/wp-content/uploads/2025/07/2025-2026-Fees-Charges-Permits.pdf)

PERMIT PERIOD REQUESTED:

1 Year [ ]  2 Year [ ]  3 Year [ ]

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| **Mandatory Requirements for Dry Technical Nominee – You must provide the following** |
| Name of Technical Nominee: |
| Cabling Licence | Licence Number: | Attached Copy [ ]  |
| Fire Protection Services Licence | Licence Number:  | Attached Copy [ ]  |
| Electrician Licence (Optional) | Licence Number: | Attached Copy [ ]  |
| CV | Attached Copy [ ]  | CPD Points List | Attached Copy [ ]  |

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| **Mandatory Referees for Dry Technical Nominee:** Please provide 3 peer references. The referees must be able to attest to the applicant’s technical competence and performance in the range of work associated with this application |
| Referee One – Report Attached [ ]  |
| Referee Report By: |  |
| Referee Company: |  |
| Referee Contact:  |  |
| Referee Email: |  |
| Referee Two - Report Attached [ ]  |
| Referee Report By: |  |
| Referee Company: |  |
| Referee Contact:  |  |
| Referee Email: |  |
| Referee Three - Report Attached [ ]  |
| Referee Report By: |  |
| Referee Company: |  |
| Referee Contact:  |  |
| Referee Email: |  |

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| **Mandatory Requirements for each Dry Technician – You must provide the following** |
| Name of Technician:  |
| Cabling Licence | Licence Number: | Attached Copy [ ]  |
| 2 Years’ Industry Experience  |  | Confirmed [ ]  |
| CV | Attached Copy [ ]  |
| CPD Points | Attached Copy [ ]  |
| Name of Technician:  |
| Cabling Licence | Licence Number: | Attached Copy [ ]  |
| 2 Years’ Industry Experience  |  | Confirmed [ ]  |
| CV | Attached Copy [ ]  |
| CPD Points | Attached Copy [ ]  |
| Name of Technician:  |
| Cabling Licence | Licence Number: | Attached Copy [ ]  |
| 2 Years’ Industry Experience  |  | Confirmed [ ]  |
| CV | Attached Copy [ ]  |
| CPD Points | Attached Copy [ ]  |

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| **Mandatory Requirements for Dry Apprentice/Trainees – You must provide the following** |
| Name of Apprentice/Trainee: |
| Apprentice/Training Agreement | Attached Copy [ ]  |
| Name of Apprentice/Trainee: |
| Apprentice/Training Agreement | Attached Copy [ ]  |

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| **Mandatory Requirements for Wet Technical Nominee – You must provide the following** |
| Name of Technical Nominee: |
| Fire Protection Services Licence | Licence Number: | Attached Copy [ ]  |
| Certificate III in Sprinkler Fitting | Date Attained:  | Attached Copy [ ]  |
| 5 Years’ Industry Experience |  | Confirmed [ ]  |
| CV | Attached Copy [ ]  | CPD Points List | Attached Copy [ ]  |
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| **Mandatory Referees for Wet Technical Nominee:** Please provide 3 peer references. The referees must be able to attest to the applicant’s technical competence and performance in the range of work associated with this application |
| Referee One – Report Attached [ ]  |
| Referee Report By: |  |
| Referee Company: |  |
| Referee Contact:  |  |
| Referee Email: |  |
| Referee Two - Report Attached [ ]  |
| Referee Report By: |  |
| Referee Company: |  |
| Referee Contact:  |  |
| Referee Email: |  |
| Referee Three - Report Attached [ ]  |
| Referee Report By: |  |
| Referee Company: |  |
| Referee Contact:  |  |
| Referee Email: |  |

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| **Mandatory Requirements for each Wet Technician – You must provide the following** |
| Name of Technician:  |
| Certificate III in Sprinkler Fitting | Date Attained: | Attached Copy [ ]  |
| CV | Attached Copy [ ]  |
| CPD Points | Attached Copy [ ]  |
| Name of Technician:  |
| Certificate III in Sprinkler Fitting | Date Attained: | Attached Copy [ ]  |
| CV | Attached Copy [ ]  |
| CPD Points | Attached Copy [ ]  |
| Name of Technician:  |
| Certificate III in Sprinkler Fitting | Date Attained: | Attached Copy [ ]  |
| CV | Attached Copy [ ]  |
| CPD Points | Attached Copy [ ]  |

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| **Mandatory Requirements for Wet Apprentice/Trainees – You must provide the following** |
| Name of Apprentice/Trainee: |
| Apprentice/Training Agreement | Attached Copy [ ]  |
| Name of Apprentice/Trainee: |
| Apprentice/Training Agreement | Attached Copy [ ]  |

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| **Mandatory Requirements for Gaseous Technical Nominee – You must provide the following** |
| Name of Technical Nominee: |
| EAHL Licence – Ozone Depleting | Licence Number: | Attached Copy [ ]  |
| Fire Protection Services Licence | Licence Number:  | Attached Copy [ ]  |
| Trained in Specific Fire Protection System | Name System: |
| CV | Attached Copy [ ]  | CPD Points List | Attached Copy [ ]  |

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| **Mandatory Referees for Technical Nominee:** Please provide 3 peer references. The referees must be able to attest to the applicant’s technical competence and performance in the range of work associated with this application |
| Referee One – Report Attached [ ]  |
| Referee Report By: |  |
| Referee Company: |  |
| Referee Contact:  |  |
| Referee Email: |  |
| Referee Two - Report Attached [ ]  |
| Referee Report By: |  |
| Referee Company: |  |
| Referee Contact:  |  |
| Referee Email: |  |
| Referee Three - Report Attached [ ]  |
| Referee Report By: |  |
| Referee Company: |  |
| Referee Contact:  |  |
| Referee Email: |  |

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| **Mandatory Requirements for each Gaseous Technician – You must provide the following** |
| Name of Technician:  |
| EAHL Licence | Licence Number: | Attached Copy [ ]  |
| Trained in Specific Fire Protection System |  |
| CV | Attached Copy [ ]  |
| CPD Points | Attached Copy [ ]  |
| Name of Technician:  |
| EAHL Licence | Licence Number: | Attached Copy [ ]  |
| Trained in Specific Fire Protection System  | Name System: |
| CV | Attached Copy [ ]  |
| CPD Points | Attached Copy [ ]  |
| Name of Technician:  |
| EAHL Licence | Licence Number: | Attached Copy [ ]  |
| Trained in Specific Fire Protection System | Name System |
| CV | Attached Copy [ ]  |
| CPD Points | Attached Copy [ ]  |

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| **Mandatory Requirements for Gaseous Apprentice/Trainees – You must provide the following** |
| Name of Apprentice/Trainee: |
| Apprentice/Training Agreement | Attached Copy [ ]  |
| Name of Apprentice/Trainee: |
| Apprentice/Training Agreement | Attached Copy [ ]  |

**AFTER HOURS CONTACTS**

Adequate afterhours 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, aged care facilities, hotel/motels and the like and within 8 hours for the remainder.

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

**AFTER HOURS CONTACTS #1**

NAME: …...……………………………………………………………………………………….……...…

WORK PHONE: …...……………………………… MOBILE: ……………………………………….

EMAIL: …………………………………………………………………………………………….………

**AFTER HOURS CONTACTS #2**

NAME: …...……………………………………………………………………………………….……...…

WORK PHONE: …...……………………………… MOBILE: ……………………………………….

EMAIL: …………………………………………………………………………………………….………

**AFTER HOURS CONTACTS #3**

NAME: …...……………………………………………………………………………………….……...…

WORK PHONE: …...……………………………… MOBILE: ……………………………………….

EMAIL: …………………………………………………………………………………………….………

**SCHEDULE OF WORKS**

List significant projects completed in the 12 months only: Please use the Permit Service Schedule and attach this to your application.

* List the sites that have been worked on
* Type of System
* Dates work carried out
* Work conducted by who
* Permit Service Schedule attached to this application [ ]

**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

DECLARATIONS

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| TECHNICAL NOMINEE DECLARATION:I, (Dry Technical Nominee) ForDeclare that to the best of my knowledge and belief, the information provided in this application is true in substance and in fact.Signature Dated  |

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| PERMIT APPLICANT DECLARATION:I, (Permit Applicant) ForDeclare that to the best of my knowledge and belief, the information provided in this application is true in substance and in fact.Signature Dated  |