



**CITY OF CLEVELAND**  
Mayor Frank G. Jackson

**Application for a Certificate of Qualification  
For Handling/Installing LPG Systems  
Fire Protection Maintenance**

**City of Cleveland**  
**Department of Public Safety**  
Division of Fire  
Fire Prevention Bureau  
1645 Superior Ave., E  
Cleveland, Ohio 44114

Phone: 216-664-6664 ▪ Hours of Operation: 7:30 am to 4:30 pm Weekdays ▪ Fax: 216-664-6681

<b>This section: City of Cleveland Use Only</b>	PERMIT NUMBER	DATE OF EVENT	FEE
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**Instructions:** Users accessing this form online can fill it in by computer. If filling in by hand, please print legibly. Submit completed application with the application fee (see [fee schedule](#)) to the address above.

COMPANY OR CORPORATION NAME	STREET ADDRESS	Cleveland, OH	ZIP
PRINT OR TYPE APPLICANT NAME	POSITION	APPLICANT SIGNATURE <b>X</b>	

**I. Application to Handle Liquefied Petroleum Gases, Section 385.18(d)**

<input checked="" type="checkbox"/>	APPLICATION FOR	PERSONNEL NAMES (FOR EACH CATEGORY) WORKING WITHIN CITY LIMITS	PERSONNEL TITLE OR FUNCTION
<input type="checkbox"/>	Distribution & Sales Plants		
<input type="checkbox"/>	Installation & Maintenance of LPG Equipment		
<input type="checkbox"/>	Transportation		
<input type="checkbox"/>	Installation of Cylinders, Tanks, or piping		
<input type="checkbox"/>	Charging Plants		

If you need to list additional names, fill out additional application forms.

## Employee Training Program, NFPA #58-Qualification of Personnel

**NOTE:** By submitting this form, the applicant states that the personnel names listed on this form are “responsible persons cognizant of the hazards inherent in such gases and skilled in the handling thereof”.

INDICATE EMPLOYEE TRAINING PROGRAM FOR THE PERSONNEL LISTED ON THIS FORM

Does your company have records of this training on file?  YES  NO

### II. Application to Maintain Fire Protection, Section 381.06

An application for a “**Certificate for Qualification**” is hereby made for the following:

Sprinkler  Standpipe  Fire Pump  Yard Hydrant  Fire Alarm  Smoke Control System

Other Automatic Protection System, Description:

PRINT OR TYPE IMPAIRMENT COORDINATOR NAME (NFPA #25 General Requirement)

CONTACT PHONE NUMBER

**Note:** The applicant states that he\she is familiar with the operation of the fire protection system and shall see that such systems are maintained in a serviceable condition at the facility located at the address listed below:

STREET ADDRESS

Cleveland, OH

ZIP CODE

### Approval

This certificate is approved for a period of one year, but may be revoked at any time for cause.

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Cleveland Use Only**

APPROVED BY  
**X**

, Fire Prevention Bureau

DATE