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FIRE PROTECTION EQUIPMENT "QUICK PERMIT" **REGISTRATION FORM** 

The following info	rmation is requi	ed in order	to participate in the "Quick Permit" program.
Firm Name			
Authorized Agent of Firm			
Firm Address			
Street			
City			
State/Zip			
Phone/Fax	( )	-	( ) -
Cell	( )	-	
EMAIL	·		•
SUBMIT ALI	CERTIFICATIO	NS AND / OF	LICENESES WITH THIS APPLICATION
e employment of employees in employm t issue such permit unless proof duly sul airman, that the payment of disability be	nt, board, commission or nent as defined by this are oscribed and affirmed as enefits for all employees l	icle, and notwithst true under the pen has been secured a	or required by law to issue any permit for or in connection with any work involving tanding any general or special statute requiring or authorizing such permits, shall alties of perjury by an insurance carrier is produced in a form satisfactory to the sprovided by this article. Nothing herein, however, shall be construed as creating office to pay any compensation to any such employee if so employed.
			Signature of Authorized Agent  Subscribed and sworn to before me this day of, 20
			Notary Public, Erie County, New York
			Registration Fee \$50.00 Paid Date: Valid for 4 years
			Receipt is hereby acknowledged of the sum of \$ being the permit fee established by the Town Board of Town of Amherst, N.Y.
or Departmental Use			
d Code :	Workers Comp	:	
Vaiver :	NYS Disability	:	