



**Colorado Department of Public Safety**  
**Division of Fire Prevention and Control**  
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 Lakewood, CO 80215  
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[Colorado.gov/dfpc](http://Colorado.gov/dfpc)



## AGENCY LETTER

\*This form is to be used as an endorsement and affirmation by the Agency Executive that the person named below is employed by and performs Fire Safety Inspections and/or Plan Review on behalf of their agency.

Date: \_\_\_\_\_

New  
 Renewal                      DFPC Certification Number: \_\_\_\_\_

Agency Name: \_\_\_\_\_ FDID (if applicable): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

This agency has jurisdiction for fire code and/or fire suppression system inspections and plan review.

Applicant Name: \_\_\_\_\_

Desired Certification Level:

Fire Inspector I                       Fire Inspector II                       Fire Inspector III – Plans Examiner

The above listed personnel is currently employed with our Agency and routinely performs the following on our behalf:

Maintenance Inspections                       Fire Suppression System Inspections  
 Construction Inspections                       Residential Fire Suppression System Inspections/Plan Reviews  
 Construction Plan Reviews                       Fire Suppression System Plan Reviews

This applicant has the following qualifications/certifications:  
 (Please list qualifications/certifications; please attach additional sheets as needed)

Included with this submittal is the required documentation demonstrating the applicant’s competency to perform Fire Inspections and/or Plan Review. To the best our knowledge they meet all requirements for certification at the Desired Certification Level.

Name and Title of Agency Executive: \_\_\_\_\_

E-mail Address of Agency Executive: \_\_\_\_\_

Signature of Agency Executive: (digital signature is acceptable) \_\_\_\_\_