



STATE FIRE MARSHAL DIVISION

107 Jacobsen Way
 Carson City, NV 89711
 Tel: (775) 684-7530
 Fax: (775) 684-7518

CERTIFICATE OF REGISTRATION APPLICATION

****Please use the Tab Key****

New Application Renewal Application Address Change / Replacement + \$11.00 Name Change + \$11.00

****Please ensure you are applying for the correct Certificates and updates as there are NO REFUNDS****

Full Legal Name:
Mailing Address:

City:	State:	Zip:	Email:
Telephone:			Social Security or Tax ID Number:

IF YOU HAVE BEEN CONVICTED OF A FELONY YOU CANNOT OBTAIN REGISTRATION IN NEVADA

Date of Birth:	Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Height: Ft. In.	Weight:	Hair Color:	Eye Color:

TYPE OF SERVICE - Certificate of Registration Fee must be enclosed!!

<p align="center">Fire Protection Certifications <i>New - \$71.50 (per cert) - Renewal - \$33.00 (per cert)</i></p> <p><input type="checkbox"/> A - Portable Fire Extinguishers (including B, C and D)</p> <p><input type="checkbox"/> B - Portable Fire Extinguishers</p> <p><input type="checkbox"/> B/C - Type B with Hydrostatic Testing</p> <p><input type="checkbox"/> E - Engineered/Pre-engineered Extinguishing Systems</p> <p><input type="checkbox"/> E/1 - Pre-engineered Fire Extinguishing Systems</p> <p><input type="checkbox"/> E/2 - Engineered Fire Extinguishing Systems</p> <p><input type="checkbox"/> Backflow Testing</p> <p><input type="checkbox"/> Private Hydrant</p> <p><input type="checkbox"/> F - Fire Alarm/Protective Signaling Systems</p> <p><input type="checkbox"/> G - Automatic Fire Sprinkler Systems</p> <p><input type="checkbox"/> H - Hood and Duct Cleaning</p> <p><input type="checkbox"/> I - Standpipe Systems</p> <p><input type="checkbox"/> J - Residential Fire Sprinkler Systems</p> <p><input type="checkbox"/> EWD (Heat Detector)</p> <p><input type="checkbox"/> Medical Gas Installer</p>	<p align="center">Pyrotechnic/Flame Effect Certifications (per cert) <i>New & Renewal: Operator - \$55.00 - Assistant - \$27.50</i></p> <p><input type="checkbox"/> Champagne Sparkler Presentation (\$55.00)</p> <p>Name of Nightclub: _____</p> <p>Show Specific (Pyro and Flame Effect Only)</p> <p>Name of Hotel: _____</p> <p>Name of Show: _____</p> <table style="width:100%"> <tr> <td>Indoor Stage</td> <td>Natural Gas</td> </tr> <tr> <td><input type="checkbox"/> Operator <input type="checkbox"/> Assistant</td> <td><input type="checkbox"/> Operator <input type="checkbox"/> Assistant</td> </tr> <tr> <td>Outdoor Aerial</td> <td>Propane</td> </tr> <tr> <td><input type="checkbox"/> Operator <input type="checkbox"/> Assistant</td> <td><input type="checkbox"/> Operator <input type="checkbox"/> Assistant</td> </tr> <tr> <td>Special Effects</td> <td><input type="checkbox"/> Magician (\$27.50)</td> </tr> <tr> <td><input type="checkbox"/> Operator <input type="checkbox"/> Assistant</td> <td></td> </tr> </table>	Indoor Stage	Natural Gas	<input type="checkbox"/> Operator <input type="checkbox"/> Assistant	<input type="checkbox"/> Operator <input type="checkbox"/> Assistant	Outdoor Aerial	Propane	<input type="checkbox"/> Operator <input type="checkbox"/> Assistant	<input type="checkbox"/> Operator <input type="checkbox"/> Assistant	Special Effects	<input type="checkbox"/> Magician (\$27.50)	<input type="checkbox"/> Operator <input type="checkbox"/> Assistant	
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Employment Record (List all your employers for the past two years)

Presently Employed by:	From:	To: Present
Address:	City:	
State:	Zip:	Tel. No.:
	Fax:	

Firm:	From:	To:
Address:	City:	State: Zip:

Firm:	From:	To:
Address:	City:	State: Zip:

SECTION BELOW MUST BE COMPLETED BY ALL APPLICANTS OR THIS APPLICATION WILL BE RETURNED:

I have have not (check one) been convicted of a felony.

I hereby authorize the State Fire Marshal Division to conduct a background investigation on me.

I hereby certify that I am familiar with the Nevada Revised Statutes and the Nevada State Fire Marshal Regulations relating to the type of endorsements on the certificate and that all statements made by me on this application are to best of my knowledge true and correct. I also understand that any false statements or material misrepresentations on this application may be cause for denial, suspension or revocation of a certificate of registration.

Name (Please Print)

Signature

Date

