STATE FIRE MARSHAL DIVISION

107 Jacobsen Way, Stewart Facility
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:** ☐ **Male**	☐ **Female**
Height: **Ft.** **In.**	**Weight:**	**Hair Color:**	**Eye Color:**

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

Fire Protection Certifications
New - $71.50 (per cert) - Renewal - $33.00 (per cert)

- ☐ A - Portable Fire Extinguishers (including B, C and D)
- ☐ B - Portable Fire Extinguishers
- ☐ B/C - Type B with Hydrostatic Testing
- ☐ E - Engineered/Pre-engineered Extinguishing Systems
- ☐ E/1 - Pre-engineered Fire Extinguishing Systems
- ☐ E/2 - Engineered Fire Extinguishing Systems
- ☐ Backflow Testing
- ☐ Private Hydrant
- ☐ F - Fire Alarm/Protective Signaling Systems
- ☐ G - Automatic Fire Sprinkler Systems
- ☐ G/U - Underground Sprinkler Work
- ☐ H - Hood and Duct Cleaning
- ☐ I - Standpipe Systems
- ☐ J - Residential Fire Sprinkler Systems
- ☐ EWD (Heat Detector)
- ☐ Medical Gas Installer

☐ **Champagne Sparkler Presentation** *($55.00)*

Name of Venue: _____

Pyrotechnic/Flame Effect Certifications *(per cert)*
New & Renewal: Operator - $55.00 - Assistant - $27.50

Show Specific **(Pyro and Flame Effect Only)**

Name of Venue: _____

Indoor Stage
☐ Operator ☐ Assistant

Outdoor Aerial
☐ Operator ☐ Assistant

Special Effects
☐ Operator ☐ Assistant

Natural Gas
☐ Operator ☐ Assistant

Propane
☐ Operator ☐ Assistant

☐ Blasters — *New & Renewal $55.00*

☐ Interior Design — *New & Renewal - $50.00*

☐ Magician ☐ Fire Performer — *New & Renewal - $27.50*

Firm you are presently employed by:			
Address of Firm:			
Number and Street			City
State:	**Zip:**	**Tel. No.:**	**Fax:**

Employment Record *(List all your employers for the past two years)*

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

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

BLASTERS AND PYROTECHNIC APPLICANTS (ONLY):

1. I am at least 21 years of age.
2. I understand and give written and oral orders in the English language.
3. I am not addicted to, nor have prior certification of addiction to alcohol, narcotics, or dangerous drugs as specified in the Nevada Revised Statutes, chapters 453, 454, 585 and 639.
4. I have not been convicted of a felony in this or any other state.
5. I have a working knowledge of Federal, State and Local laws and regulations pertaining to the storage, use and handling of explosive materials.
6. I am qualified by reason of training, knowledge and field experience in safe storage, use and handling of explosive materials applicable to the class of permit.

_____	_____	_____
Name (Please Print)	**Signature**	**Date**

THE 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.

_____	_____	_____
Name (Please Print)	**Signature**	**Date**

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**

THIS APPLICATION MUST BE NOTARIZED PRIOR TO SENDING TO THE FIRE MARSHAL DIVISION FOR PROCESSING OR IT WILL BE REJECTED.

State of _____

County of _____

Subscribed and sworn this _____ day of 20_____ by _____.

Signature of Applicant

_____

Notary Signature