



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: <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!!

Fire Protection Certifications <i>New - \$71.50 (per cert) - Renewal - \$33.00 (per cert)</i>		<input type="checkbox"/> Champagne Sparkler Presentation (\$55.00)	
<input type="checkbox"/> A - Portable Fire Extinguishers (including B, C and D)	<input type="checkbox"/> F - Fire Alarm/Protective Signaling Systems	Name of Venue: _____	
<input type="checkbox"/> B - Portable Fire Extinguishers	<input type="checkbox"/> G - Automatic Fire Sprinkler Systems	Pyrotechnic/Flame Effect Certifications (per cert) <i>New & Renewal: Operator - \$55.00 - Assistant - \$27.50</i>	
<input type="checkbox"/> B:C - Type B with Hydrostatic Testing	<input type="checkbox"/> G/U - Underground Sprinkler Work	Show Specific (Pyro and Flame Effect Only)	
<input type="checkbox"/> E - Engineered/Pre-engineered Extinguishing Systems	<input type="checkbox"/> H - Hood and Duct Cleaning	Name of Venue: _____	
<input type="checkbox"/> E/1 - Pre-engineered Fire Extinguishing Systems	<input type="checkbox"/> I - Standpipe Systems	Indoor Stage	
<input type="checkbox"/> E/2 - Engineered Fire Extinguishing Systems	<input type="checkbox"/> J - Residential Fire Sprinkler Systems	<input type="checkbox"/> Operator <input type="checkbox"/> Assistant Natural Gas	
<input type="checkbox"/> Backflow Testing	<input type="checkbox"/> EWD (Heat Detector)	Outdoor Aerial	
<input type="checkbox"/> Private Hydrant	<input type="checkbox"/> Medical Gas Installer	<input type="checkbox"/> Operator <input type="checkbox"/> Assistant Propane	
<input type="checkbox"/> Blasters	<input type="checkbox"/> Interior Design	Special Effects	
<i>New & Renewal \$55.00</i>	<i>New & Renewal - \$50.00</i>	<input type="checkbox"/> Operator <input type="checkbox"/> Assistant	
		<input type="checkbox"/> Magician <input type="checkbox"/> Fire Performer	
		<i>New & Renewal - \$27.50</i>	

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