## STATE FIRE MARSHAL DIVISION



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

## CERTIFICATE OF REGISTRATION APPLICATION

**INTERIOR DESIGN - INDIVIDUAL** 

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

									0 □ Name Ch as there are <u>N</u>		
Full Lega	al Nam	e:									
Mailing A	Addres	s:									
City: State:					Zip: Email:		Email:				
Telephone:						Social Security Number:					
Date of E				Age:			Sex:	Male		Female	
Height:	Height: Ft. In. Weight:				Hair Color:			Eye Color:			
			TYPE OF SE	RVICE - <u>(</u>	Certificate	of Regis	tration Fee	must be ei	nclosed!!		
Initial A	Applic	ation for	Furniture, F	Fixtures a	and Equ	ipment	(FF&E)	<u>Must</u> In	clude the Fol	lowin	ıg:
Trans Certi  Renewa	ficate o	Reflecting ( of Complete of Co	Completion of cion in Interior  Must Included in the cion of the c	Design  le the Follows, Addition	llowing:	viduals d	re \$56.00	Each)			
			Employmen	nt Record	(List all y	our empl	oyers for th	e past two	years)		
Presently	Presently Employed by:								Te	To: Present	
Address:								City:			
State:	Zi	ip:	Tel. No.:					Fax:			
Firm:								From:	To	o:	
Address:						City:	l.		St	ate:	Zip:
Firem.							<u> </u>	Euomi	Te		
Firm: Address:						City:		From:		ate:	Zip:

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

Name (Please Print)	Signature	
suspension or revocation of a certificate of registra	4	appreauor may se cause for acmai,
I hereby certify that I am familiar with the Nevada type of endorsements on the certificate and that all correct. I also understand that any false statements	statements made by me on this applica	tion are to best of my knowledge true and

