



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!!

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

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

