

## 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\*\*

<ul> <li>New Application ☐ Renewal Application ☐ Address Change / Replacement + \$14.00 ☐ Name Change + \$14.00</li> <li>**Please ensure you are applying for the correct Certificates and updates as there are NO REFUNDS **</li> </ul>											
Full Legal Name:											
Mailing Address:											
G:					77.						
City:				State:	tate: Zip:		Email:				
Telephon	e:						Social Security Number:				
Date of Birth:					Age:		<b>:</b> :	Sex:	☐ Male		<b>Female</b>
Height: Ft. In. Weight:				Hair Color:			•	Eye Color:			
			TYPE OF SEI	RVICE - <u>C</u>	ertifica	te of	Registration Fee n	nust be en	iclosed!!		
Fire Protection Certifications New - \$85.00 (per cert) - Renewal - \$40.00 (per cert)							Pyrotechnic/Flame Effect Certifications (per cert) New & Renewal: Operator - \$66.00 - Assistant - \$31.00				
							☐ Champagne Spai	rkler Presen	ntation (\$66.00)	ı	
☐ A - Port	able Fire	Extinouishers	☐ F - Fire A	larm/Protectiv	e Sionali	nσ	Name of Nightclub:				
A - Portable Fire Extinguishers						8	Show Specific (Pyro and Flame Effect Only)				
☐ B/C – Type B with Low Pressure ☐ G - Automatic Fire Sprinkler Hydrostatic Testing Systems							Name of Hotel:				
		e Extinguishers	_		kler Wor	k	Name of Show:				
☐ E - Engineered/Pre-engineered ☐ H - Hood a Extinguishing Systems				and Duct Cleaning			Indoor Stage	Assistant	Natura	_	Assistant
☐ E/1 - Pre-engineered Fire ☐ I - Star Extinguishing Systems			☐ I - Standpi	andpipe Systems			Outdoor Aerial		Propai	ie	
☐ E/2 - Engineered Fire ☐ J - Resid			☐ J - Resider Systems	lential Fire Sprinkler s			Operator Special Effects	Assistant	☐ C	perator [	Assistant
			_	eat Detector)			☐ Operator ☐	Assistant		perator [	Assistant
☐ Private Hydrant ☐			☐ Medical G	Medical Gas Installer			Liquid		Gel		
							☐ Operator ☐	Assistant	□ o	perator [	Assistant
							☐ Magician (\$31.00)				
Employment Record (List all your employers for the past two years)											
Presently	Presently Employed by:							From: To: Present			
Address:								City:			
State: Zip: Tel. No.:								Fax:			
Firm:							1	From:	T	To:	
Address:							City:	ı ı viii.		State:	Zip:
1 V											
Firm:							From:			To:	
Address:							City:			State:	Zip:

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

Name (Please Print)	Signature	Date
suspension or revocation of a certificate of r		pication may be cause for denial,
0.1	hat all statements made by me on this application of tements or material misrepresentations on this app	<i>v v</i>
2 32 3	evada Revised Statutes and the Nevada State Fire	e e

