



STATE FIRE MARSHAL DIVISION

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

CERTIFICATE OF REGISTRATION APPLICATION FIRE PERFORMERS

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

☐ New Application ☐ Renewal Application ☐ Address Change / Replacement + \$14.00 ☐ Name Change + \$14.00

****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 Number:

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!!

Pyrotechnic / Flame Effect Certifications (per cert) <i>Operator - \$66.00 - Assistant - \$31.00</i>		Fire Performer (21 Years or Older) - \$31.00 Fire Performer Apprentice (18-20 Years Old) - \$31.00 Magician - \$31.00	
<input type="checkbox"/> Champagne Sparkler Presentation Name of Nightclub: _____ <input type="checkbox"/> Show Specific (Pyro and Flame Effect Only) Name of Hotel: _____ Name of Show: _____		<input type="checkbox"/> Fire Performer <input type="checkbox"/> Fire Performer Apprentice Name of Group you Perform with: _____	
Indoor Stage <input type="checkbox"/> Operator <input type="checkbox"/> Assistant	Natural Gas <input type="checkbox"/> Operator <input type="checkbox"/> Assistant	Initial Application <u>Must</u> Include the Following: Applicant Profile Picture Fee Notarized Application Letter of Knowledge and Experience List of Safety Devices Used Child Support Form	
Outdoor Aerial <input type="checkbox"/> Operator <input type="checkbox"/> Assistant	Propane <input type="checkbox"/> Operator <input type="checkbox"/> Assistant	Renewal Applications <u>Must</u> Include the Following: Fee Notarized Application Child Support Form	
Special Effects <input type="checkbox"/> Operator <input type="checkbox"/> Assistant		<input type="checkbox"/> Magician	

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 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



**Nevada State Fire Marshal
107 Jacobsen Way
Carson City NV 89711
(775) 684-7530**

Child Support Declarations: Mark selections and sign the signature block.

**[Renewals will not be accepted unless the forms are properly completed and signed.
NRS 477.225]**

CHILD SUPPORT DECLARATION:

In compliance with the Federal Welfare Reform Act and the Nevada State Welfare Division, the 2011 session of the Nevada Legislature enacted NRS 477.225. This requires that **all** professional and occupational licensing agencies add specific questions regarding child support to **all** applications for new licenses and license renewals.

Failure to mark one of the boxes will result in denial of your renewal.

☐ **I am not subject to a court order** for payment of child support.

☐ **I am subject to a court order** for payment of child support for one or more children, and I am in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the payment of the amount owed pursuant to the order.

☐ **I am subject to a court order** for the support of one or more children, and I am not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the payment of the amount owed pursuant to the order.

Print name:

C of R# **FP-**_____

Signature

Date

****See NRS 477. 220 - 477.226 at fire.nv.gov under “Hot Topics”**