



# 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 + \$14.00     Name Change + \$14.00

**\*\*Please ensure you are applying for the correct Certificates and updates as there are NO REFUNDS\*\***

<b>Full Legal Name:</b>
<b>Mailing Address:</b>

<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>Email:</b>
<b>Telephone:</b>		<b>Social Security or Tax ID Number:</b>	

<b>Date of Birth:</b>	<b>Age:</b>	<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Height:</b> <b>Ft.</b> <b>In.</b>	<b>Weight:</b>	<b>Hair Color:</b>	<b>Eye Color:</b>

**TYPE OF SERVICE - Certificate of Registration Fee must be enclosed!!**

<p align="center"><b>Fire Protection Certifications</b>  <i>New - \$85.00 (per cert) - Renewal - \$40.00 (per cert)</i></p> <table style="width:100%"> <tr> <td><input type="checkbox"/> A - Portable Fire Extinguishers with Low &amp; High Pressure Hydro</td> <td><input type="checkbox"/> F - Fire Alarm/Protective Signaling Systems</td> </tr> <tr> <td><input type="checkbox"/> B/C - Type B with Low Pressure Hydrostatic Testing</td> <td><input type="checkbox"/> G - Automatic Fire Sprinkler Systems</td> </tr> <tr> <td><input type="checkbox"/> B - Portable Fire Extinguishers</td> <td><input type="checkbox"/> Underground Fire Sprinkler Work</td> </tr> <tr> <td><input type="checkbox"/> E - Engineered/Pre-engineered Extinguishing Systems</td> <td><input type="checkbox"/> H - Hood and Duct Cleaning</td> </tr> <tr> <td><input type="checkbox"/> E/1 - Pre-engineered Fire Extinguishing Systems</td> <td><input type="checkbox"/> I - Standpipe Systems</td> </tr> <tr> <td><input type="checkbox"/> E/2 - Engineered Fire Extinguishing Systems</td> <td><input type="checkbox"/> J - Residential Fire Sprinkler Systems</td> </tr> <tr> <td><input type="checkbox"/> Backflow Testing</td> <td><input type="checkbox"/> EWD (Heat Detector)</td> </tr> <tr> <td><input type="checkbox"/> Private Hydrant</td> <td><input type="checkbox"/> Medical Gas Installer</td> </tr> </table>	<input type="checkbox"/> A - Portable Fire Extinguishers with Low & High Pressure Hydro	<input type="checkbox"/> F - Fire Alarm/Protective Signaling Systems	<input type="checkbox"/> B/C - Type B with Low Pressure Hydrostatic Testing	<input type="checkbox"/> G - Automatic Fire Sprinkler Systems	<input type="checkbox"/> B - Portable Fire Extinguishers	<input type="checkbox"/> Underground Fire Sprinkler Work	<input type="checkbox"/> E - Engineered/Pre-engineered Extinguishing Systems	<input type="checkbox"/> H - Hood and Duct Cleaning	<input type="checkbox"/> E/1 - Pre-engineered Fire Extinguishing Systems	<input type="checkbox"/> I - Standpipe Systems	<input type="checkbox"/> E/2 - Engineered Fire Extinguishing Systems	<input type="checkbox"/> J - Residential Fire Sprinkler Systems	<input type="checkbox"/> Backflow Testing	<input type="checkbox"/> EWD (Heat Detector)	<input type="checkbox"/> Private Hydrant	<input type="checkbox"/> Medical Gas Installer	<p align="center"><b>Pyrotechnic/Flame Effect Certifications (per cert)</b>  <i>New &amp; Renewal: Operator - \$66.00 - Assistant - \$31.00</i></p> <p><input type="checkbox"/> Champagne Sparkler Presentation (\$66.00)</p> <p><b>Name of Nightclub:</b> _____</p> <p><b>Show Specific (Pyro and Flame Effect Only)</b></p> <p><b>Name of Hotel:</b> _____</p> <p><b>Name of Show:</b> _____</p> <table style="width:100%"> <tr> <td><b>Indoor Stage</b></td> <td><b>Natural Gas</b></td> </tr> <tr> <td><input type="checkbox"/> Operator    <input type="checkbox"/> Assistant</td> <td><input type="checkbox"/> Operator    <input type="checkbox"/> Assistant</td> </tr> <tr> <td><b>Outdoor Aerial</b></td> <td><b>Propane</b></td> </tr> <tr> <td><input type="checkbox"/> Operator    <input type="checkbox"/> Assistant</td> <td><input type="checkbox"/> Operator    <input type="checkbox"/> Assistant</td> </tr> <tr> <td><b>Special Effects</b></td> <td><b>Alcohol</b></td> </tr> <tr> <td><input type="checkbox"/> Operator    <input type="checkbox"/> Assistant</td> <td><input type="checkbox"/> Operator    <input type="checkbox"/> Assistant</td> </tr> <tr> <td><b>Liquid</b></td> <td><b>Gel</b></td> </tr> <tr> <td><input type="checkbox"/> Operator    <input type="checkbox"/> Assistant</td> <td><input type="checkbox"/> Operator    <input type="checkbox"/> Assistant</td> </tr> <tr> <td colspan="2" style="text-align: center;"><input type="checkbox"/> Magician (\$31.00)</td> </tr> </table>	<b>Indoor Stage</b>	<b>Natural Gas</b>	<input type="checkbox"/> Operator <input type="checkbox"/> Assistant	<input type="checkbox"/> Operator <input type="checkbox"/> Assistant	<b>Outdoor Aerial</b>	<b>Propane</b>	<input type="checkbox"/> Operator <input type="checkbox"/> Assistant	<input type="checkbox"/> Operator <input type="checkbox"/> Assistant	<b>Special Effects</b>	<b>Alcohol</b>	<input type="checkbox"/> Operator <input type="checkbox"/> Assistant	<input type="checkbox"/> Operator <input type="checkbox"/> Assistant	<b>Liquid</b>	<b>Gel</b>	<input type="checkbox"/> Operator <input type="checkbox"/> Assistant	<input type="checkbox"/> Operator <input type="checkbox"/> Assistant	<input type="checkbox"/> Magician (\$31.00)	
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**Employment Record (List all your employers for the past two years)**

<b>Presently Employed by:</b>	<b>From:</b>	<b>To: Present</b>
<b>Address:</b>	<b>City:</b>	
<b>State:</b>	<b>Zip:</b>	<b>Tel. No.:</b>
		<b>Fax:</b>

<b>Firm:</b>	<b>From:</b>	<b>To:</b>
<b>Address:</b>	<b>City:</b>	
	<b>State:</b>	<b>Zip:</b>

<b>Firm:</b>	<b>From:</b>	<b>To:</b>
<b>Address:</b>	<b>City:</b>	
	<b>State:</b>	<b>Zip:</b>

**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**

