



# STATE FIRE MARSHAL DIVISION

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

## INTERIOR DESIGN LICENSE 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 Licenses and updates as there are NO REFUNDS\*\***

### Initial Application for Furniture, Fixtures and Equipment (FF&E) **Must** Include the Following:

Fee (*Company and Individual \$120.00, Additional Individuals are \$56.00 Each*)  
Application  
Transcript Reflecting Completion of Classes in Building and Fire Codes  
or Certificate of Completion in Interior Design

### Renewal Applications **Must** Include the Following:

Fee (*Company and Individual \$56.00, Additional Individuals are \$56.00 Each*)  
Application

Name of Firm:

Address of Firm:

City:

State:

Zip:

Email:

Business Telephone:

Business Fax:

Secretary of State Business License Number: NV \_\_\_\_\_

**(Notice: You must meet this requirement prior to submitting an application to the State Fire Marshal Office)**

Employer Identification Number (EIN): \_\_\_\_\_ or

Tax Identification Number (TIN): \_\_\_\_\_

### Applying to do Business as:

Sole Proprietor  Limited Partnership  Corporation  Limited Liability Company  General Partnership

Joint Venture  Government  Not for Profit  Other \_\_\_\_\_

**GIVE NAME OF OWNER:** If applicant is a partnership, give name of each partner. If a corporation, give name of officer and manager responsible for each type of service for which license is sought. **[THIS INFORMATION IS MANDATORY]**

<b>Name:</b>	<b>Title:</b>
<b>Date of Birth:</b>	<b>Social Security Number:</b> - -

<b>Name:</b>	<b>Title:</b>
<b>Date of Birth:</b>	<b>Social Security Number:</b> - -

<b>Resident Agent:</b>			
<b>Agent Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>Business Telephone:</b>

**List of Employees**

Name	C of R Number	Expiration Date

**Liability Insurance Information**

<b>Name of Carrier:</b>			
<b>Address of Carrier:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>Local Agent's Name:</b>
<b>Business Telephone:</b>		<b>Business Fax:</b>	

**Has your firm ever been convicted, either administratively or criminally of violating the Nevada Revised Statutes, State Fire Marshal Regulations in this state?**  Yes  No

**Have any of the owners or principals of the firm been convicted, either administratively or criminally of violating the Nevada Revised Statutes, State Fire Marshal Regulations in this state?**  Yes  No

*If you answered yes on either of these two questions, please attach a separate sheet with the explanations of the convictions and what the outcomes and penalties were.*

*I hereby certify that I am familiar with the Nevada Revised Statutes and the Nevada State Fire Marshal Regulations and that all statements made by me on this application are to best of my knowledge true and correct. I am aware of the provision of Chapter 616 of the Nevada Revised Statutes relating to Industrial Insurance for employees. I also understand that any false statements or material misrepresentations on this application may be cause for denial, suspension or revocation of the license.*

*I hereby authorize the Nevada State Fire Marshal and any of their properly authorized assistants to enter, examine and inspect any premises, building, room or establishment related to the business to determine compliance with the provisions of State Law Regulations and Standards adopted by the Nevada State Fire Marshal.*

**INSTRUCTIONS FOR SIGNING:** An application by an individual must be signed by that individual - An application by a partnership must be signed by each partner - An application made by a corporation must be signed by an officer of the company.

\_\_\_\_\_  
**Signature**
**Title**

\_\_\_\_\_  
**Signature**
**Title**





**STATE FIRE MARSHAL DIVISION**

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**CERTIFICATE OF REGISTRATION APPLICATION  
 INTERIOR DESIGN - INDIVIDUAL**

**\*\*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> Ft. In.	<b>Weight:</b>	<b>Hair Color:</b>	<b>Eye Color:</b>

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

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**Renewal Applications Must Include the Following:**

Fee (*Company and Individual \$56.00, Additional Individuals are \$56.00 Each*)  
 Application

**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**

