STATE FIRE MARSHAL DIVISION



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

LICENSE 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 Licenses and updates as there are NO REFUNDS** | | | | | | | | |
| Fire Protection Licenses | | | | Pyrotechnics/Flame Effect Licenses | | | | |
| A - Portable Fire Extinguishers with Low & High Pressure Hydro - \$440.00 | EWD (Heat \$110.00 | t Detector) | | Pyrotechnic Licenses | | | | |
| B - Portable Fire Extinguishers \$357.50 | ☐ H - Hood ar \$440.00 | nd Duct Clean | ing | Champagne Sparkler Presentation - \$110.00 | | | | |
| B/C - Type B with Hydrostatic Testing - \$375.00 | ☐ I - Standpip \$440.00 | I - Standpipe Systems \$440.00 J - Residential Fire Sprink Systems - \$440.00 | | ☐ Indoor Stage - \$110.00 ☐ Outdoor Aerial - \$110.00 | | | | |
| E - Engineered/Pre-engineered Extinguishing Systems - \$275.00 | J - Resident Systems | | | ☐ Special Effects - \$110.00 | | | | |
| ☐ E/1 - Pre-engineered Extinguishing | Backflow T | esting | | Flame Effects | | | | |
| E/1 - Pre-engineered Extinguishing Systems - \$137.50 | \$247.50 | te Hydrant | | ☐ Natural Gas - \$110.00 | | | | |
| E/2 - Engineered Fire Extinguishing Systems - \$137.50 | \$247.50 | ii uiit | | Propane - \$110.00 | | | | |
| ☐ F - Fire Alarm/Protective Signaling | Medical Gas \$247.50 | s | | Solid - \$110.00 | | | | |
| Systems - \$440.00 | | | | ☐ Alcohol - \$110.00 | | | | |
| G - Automatic Fire Sprinkler Systems - \$440.00 | | | | Liquid - \$110.00 | | | | |
| GU - Underground Fire Sprinkler Work | | | | Gel - \$110.00 | | | | |
| \$247.50 | | | | | | | | |
| The required non-returnable fee must accompany this application. A separate application and fee for a license shall be submitted for each business location. For fire protection firms, one copy each of your service tag and hydrostatic test label must accompany this application. Complete answers must be given to all questions. Name of Firm: | | | | | | | | |
| Address of Firm: | | | | | | | | |
| City: | | State: | Zip: | : Email: | | | | |
| Business Telephone: | | | Busir | siness Fax: | | | | |
| Is Company registered with the State Contractors Board: Yes No If yes, give Classification Number: and License Number: | | | | | | | | |
| Secretary of State Business License Number: NV | | | | | | | | |
| Pursuant to NRS 76.100 A State business license is required; application and fee for license; activities constituting conduct of | | | | | | | | |

business. A person shall not conduct a business in this State unless and until the person obtains a state business license issued by the

Secretary of State.

| Employer Identification Number (EIN): | or | | | | | |
|---|----------------------------|-------------------------------|-------------------------|-------------------------|--|--|
| Tax Identification Number (TIN): | | | | | | |
| Applying to do Business as: | | | | | | |
| ☐ Sole Proprietor ☐ Limited Partnership ☐ Corpo | oration | Limited Liab | oility Company 🗌 Genera | al Partnership | | |
| ☐ Joint Venture ☐ Government ☐ Not for Profit | Other | | | | | |
| GIVE NAME OF OWNER: If applicant is a partnership manager responsible for each type of service for which l | | | | | | |
| Name: | Title: | | | | | |
| Date of Birth: | | Social Security Number: | | | | |
| Name: | | Title: | | | | |
| Date of Birth: | | Social Security Number: | | | | |
| Resident Agent: | | | | | | |
| Agent Address: | | | | | | |
| City: | State: | Zip: | Business | Telephone: | | |
| List of Employees: If additional space is needed, attach a separate sheet of paper. | | | | | | |
| Name | | C of | R Number | Expiration Date | | |
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| Liability Insurance Information | | | | | | |
| Name of Carrier: | | | | | | |
| Address of Carrier: | C4-4 | 7: | T 1 A | 49 NI | | |
| City: | State: | Zip: | Local Age | ent's Name: | | |
| Business Telephone: | | Business Fa | nx: | | | |
| Has your firm ever been convicted, either administra Marshal Regulations in this state or the Statutes/Reg Have any of the owners or principals of the firm been Revised Statutes, State Fire Marshal Regulations in t | ulations in 1 convicted | any other st l, either adm | ate? | of violating the Nevada | | |
| If you answered yes on either of these two questions, pl | | | · | | | |

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 |
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