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 + \$14.00 Name Change + \$14.00 **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 - \$528.00		EWD (Heat Detector) \$132.00	Pyrotechnic Licenses	
	B/C – Type B with Hydrostatic Testing - \$450.00		H - Hood and Duct Cleaning \$528.00	Champagne Sparkler Presentation - \$132.00	
	B – Portable Fire Extinguishers \$429.00		I - Standpipe Systems \$528.00	□ Indoor Stage - \$132.00 □ Outdoor Aerial - \$132.00	
	E - Engineered/Pre-engineered Extinguishing Systems - \$330.00		J - Residential Fire Sprinkler Systems - \$528.00	Special Effects - \$132.00	
	 E/1 - Pre-engineered Extinguishing Systems - \$165.00 E/2 - Engineered Fire Extinguishing Systems - \$165.00 F - Fire Alarm/Protective Signaling Systems - \$529.00 		Backflow Testing \$297.00 Private Hydrant \$297.00 Medical Gas \$297.00	Flame Effects Natural Gas - \$132.00 Propane - \$132.00 Solid - \$132.00	
	Systems - \$528.00 G - Automatic Fire Sprinkler Systems - \$528.00 GU - Underground Fire Sprinkler Work \$297.00			 □ Alcohol - \$132.00 □ Liquid - \$132.00 □ Gel - \$132.00 	

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:	Business Fax:			
Is Company registered with the State Contractors Board: Yes No If yes, give Classification Number: and License Number:				

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	ility Company 🔲 Gener	al Partnership		
☐ Joint Venture ☐ Government ☐ Not for Profit	Other					
GIVE NAME OF OWNER: If applicant is a partnershi manager responsible for each type of service for which l						
Name:		Title:				
Date of Birth:		Social Secu	rity 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 saparat	a sheet of pape	214			
Name		• • •	R Number	Expiration Date		

Liability Insurance Information

Name of Carrier:				
Address of Carrier:				
City:	State:	Zip:	Local Agent's Name:	
Business Telephone:		Business Fa	IX:	
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Has your firm ever been convicted, either administratively or criminally of violating the Nevada Revised Statutes, State Fire Marshal Regulations in this state or the Statutes/Regulations in any other 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 or the Statutes/Regulations in any other 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

