

STATE OF NEW HAMPSHIRE
DEPARTMENT OF SAFETY
DIVISION OF FIRE SAFETY
OFFICE OF THE STATE FIRE MARSHAL
33 HAZEN DRIVE
CONCORD, NH 03305

603-223-4289

FAX: 603-223-4295

APPLICATION FOR VOLUNTARY CERTIFICATION OF OIL HEATING TECHNICIANS

TYPE: Original Renewal Previous Cert #: _____

LAST NAME: _____ FIRST NAME: _____ MI: _____ SUFF: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME TELEPHONE: _____ DATE OF BIRTH: _____

HOME E-MAIL ADDRESS: _____

EMPLOYER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

WORK TELEPHONE: _____ WORK FAX: _____

WORK E-MAIL ADDRESS: _____

SIGNED: _____ DATE: _____

FOR DEPARTMENT USE ONLY

RECEIVED: _____ BY: _____ PAID BY CHECK #: _____

SUPPORTING DOCUMENTATION COMPLETE (Y/N) _____ REVIEWED: _____ BY: _____

CERTIFICATE ISSUED: _____ CERTIFICATE NUMBER: _____ BY: _____

EXPIRATION DATE: _____ DATE ENTERED: _____ BY: _____

Note: This application is only for the voluntary certification of OIL heating technicians and is not to be confused with the application for licensure for gas fitters promulgated by HB1711 (Amilia's Law)