



APP. FEE: \$50
 RENEWAL FEE: \$40
 ADD'L ENDORSEMENTS: \$5

**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 VOLUNTARY CERTIFICATION OF FIRE PROTECTION EQUIPMENT TECHNICIANS FAX: 603-223-4295

APPLICATION FOR INDIVIDUAL CERTIFICATION

Place a check in the appropriate box in each column.

APPLICATION TYPE	ORIGINAL		IF RENEWAL PLEASE PROVIDE PREVIOUS CERT # →	PREVIOUS CERT. #
	RENEWAL			
PROVISIONAL				

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: _____

ENDORSEMENT BEING APPLIED FOR: Check only the appropriate endorsement being applied for. (A fee of \$5 will apply to each additional endorsement)

- LIMITED FIRE SPRINKLER SYSTEM (LSS) UNLIMITED FIRE SPRINKLER SYSTEM (USS)
- FIXED FIRE EXTINGUISHING SYSTEM – PRE-ENGINEERED KITCHEN (FFK)
- FIXED FIRE EXTINGUISHING SYSTEM – PRE-ENGINEERED INDUSTRIAL (FFI)
- FIXED FIRE EXTINGUISHING SYSTEM – ENGINEERED (FFE)
- PORTABLE FIRE EXTINGUISHERS (PFE)
- LIMITED FIRE ALARM SYSTEM (LFS) UNLIMITED FIRE ALARM SYSTEM (UFS)

PLEASE ATTACH ALL QUALIFYING CERTIFICATION(S) WITH APPLICATION

SIGNED: _____ DATE: _____

By signing this form, I attest that all of the information above is true to the best of my knowledge and is presented under the penalties of perjury.

FOR DEPARTMENT OF SAFETY USE ONLY

COPY OF QUALIFYING TRAINING CERTIFICATE(S): YES NO

PROOF OF REQUIRED EXPERIENCE: EMPLOYER LETTER PAY STUBS OTHER

PAYMENT: CHECK CHECK #: _____ CREDIT CARD