

STATE OF NEW HAMPSHIRE
DEPARTMENT OF SAFETY, DIVISION OF FIRE SAFETY
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PHYSICAL ADDRESS: 110 SMOKEY BEAR BLVD, CONCORD NH 03301
PHONE: 603-223-4289 FAX: 603-223-4295
WWW.NH.GOV/SAFETY/DIVSIONS/FIRESAFETY

AFFIDAVIT FOR PROOF OF APPROPRIATE FIELD EXPERIENCE

First Name: _____ **Last Name:** _____ **Date:** _____

Start Date	End date	Name of Company Phone #	Supervisors Name printed	Type of work performed

Additional comments:

Signature: _____ **Date:** _____

I acknowledge that, under RSA 641:3, I knowingly making a false statement on this affidavit form is a misdemeanor. I certify that the information I have provided on all parts of the affidavit form and in the documents that I have personally submitted to support my application is complete and accurate to the best of my knowledge and belief. I also certify that I have read RSA 153:27 through RSA 153:38 and the statues and rules of the board and promise that, if I am licensed or certified, I will abide by them.