



DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS



H. BUTCH BROWNING
STATE FIRE MARSHAL

Public Safety Service

AFFIDAVIT FOR ALL
LIFE SAFETY & PROPERTY PROTECTION QUALIFIERS

I hereby certify and declare that I am a paid employee (W-2 or K-1 working a minimum of 32 hours per week) of the firm listed below and I live within 150 miles of the office for which I qualify:

(Name of Firm)

Please place a check on the left side of all the endorsement(s) that you qualify:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Fire Sprinkler | <input type="checkbox"/> Pre-Engineered | <input type="checkbox"/> Security | <input type="checkbox"/> Bank Locking |
| <input type="checkbox"/> Fire Alarm | <input type="checkbox"/> Kitchen Suppression | <input type="checkbox"/> Household Fire | <input type="checkbox"/> Special Locking |
| <input type="checkbox"/> Fire Alarm (Non-required) | <input type="checkbox"/> Fire Extinguisher/Hoses | <input type="checkbox"/> CCTV | <input type="checkbox"/> Detention Locking |
| <input type="checkbox"/> Fire Alarm (Owner) | <input type="checkbox"/> DOT Hydrostatic Testing | <input type="checkbox"/> Locksmith | <input type="checkbox"/> Gate Systems |
| <input type="checkbox"/> Fixed-Fire Suppression | | <input type="checkbox"/> Door Hardware | <input type="checkbox"/> Door Hardware |
- Consultant**

Furthermore, I shall not be affiliated with any other company, as a qualifier, in my fire marshal licensed capacity as long as I am employed by the aforementioned firm. I will provide direct supervision of employees by routinely engaging in and regularly reviewing the daily life safety and property protection activity of the employees of the firm as long as I am employed as a qualifying employee.

Thus done and signed on the _____ day of _____, 20____.

(Name of Qualifier)

(Signature of Qualifier)