



**RHODE ISLAND DEPARTMENT OF PUBLIC SAFETY**  
**State Fire Marshal**

560 Jefferson Boulevard, Warwick, RI 02886  
Telephone: (401) 889-5555 — Fax: (401) 889-5533

Colonel Ann C. Assumpico  
Director, Department of Public Safety  
Superintendent, Rhode Island State Police

Timothy P. McLaughlin  
State Fire Marshal  
Division of the State Fire Marshal

**Application For Extinguishing Equipment Apprentice License**

**Application Date:** \_\_\_\_\_

**(Check all that apply)**

**Portable Extinguisher:**

**Fixed Systems:**

**New License** Fee \$5.00

**Renewal of License #** Fee: \$5.00

Place check mark ⇨  or

\_\_\_\_\_

**Applicant**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Home Phone # \_\_\_\_\_ Business Phone #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Email Address \_\_\_\_\_  
Sex: Male  Female  Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

**Previous Employer**

Company Name: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Employer Phone #: \_\_\_\_\_

**Present Employer**

Company Name: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Employer Phone #: \_\_\_\_\_

**ENDORSED BY:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Home Phone # \_\_\_\_\_ Business Phone #: \_\_\_\_\_

Journeyman License # \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature \_\_\_\_\_