



Office of the State Fire Marshal
State Fire Marshal

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Elizabeth Tanner, Esq.
Director
Department of Business Regulations

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State Fire Marshal
Office of the State Fire Marshal

Application For Extinguishing Equipment Journeyman License

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

(Check all that apply)

Portable Extinguisher: [ ] \$50.00 fee Fixed Systems: [ ] \$50.00 fee Hydrostatic Testing: [ ] No charge

New License

Renewal of License #

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 #: \_\_\_\_\_

Number of years you have been engaged in the servicing of portable and/or fixed systems: \_\_\_\_\_

Has a license been refused you upon application at any previous time?

Yes [ ] No [ ]

If so, explain fully: \_\_\_\_\_

Has any previous license been revoked or suspended at any time in the State of Rhode Island.

Yes [ ] No [ ]

If so, explain fully: \_\_\_\_\_

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Have you ever been arrested for anything other than a motor vehicle violation?

Yes  No

If so, explain fully: \_\_\_\_\_  
\_\_\_\_\_

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

**OFFICE USE ONLY**

Examiner \_\_\_\_\_ Date \_\_\_\_\_

**Test Scores**

**Portable Extinguisher:**  **Fixed Systems:**  **Hydrostatic Testing:**