



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Has any previous license been revoked or suspended at any time in the State of Rhode Island.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