



Office of the State Fire Marshal  
State Fire Marshal

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State Fire Marshal  
Office of the State Fire Marshal

Juvenile Firesetter Program Enrollment Form

Date Received: \_\_\_/\_\_\_/\_\_\_

Rec'd by: \_\_\_\_\_

Juvenile Information:

Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_

Parent/Guardian Information:

Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Work Phone #: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Referral Information:

Agency Name: \_\_\_\_\_

Agency Representative: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_

Internal Use Only:

Enrolled in Session #: \_\_\_\_\_

Acceptance Mailed: \_\_\_/\_\_\_/\_\_\_

Entered into IMC: \_\_\_/\_\_\_/\_\_\_

Certificate Issued: \_\_\_/\_\_\_/\_\_\_