



# Office of the State Fire Marshal

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Elizabeth Dwyer  
Interim Director  
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Timothy P. McLaughlin  
State Fire Marshal  
Office of the State Fire Marshal

## Application for Reciprocal Crowd Management Certification

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

Applicant Name (please print): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Establishment Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

I attest that I have completed Crowd Management training from an accepted, reciprocal program and have attached a certificate to this application.