



Office of the State Fire Marshal

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Elizabeth Dwyer
Director
Department of Business Regulation

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

Crowd Management Certification Application

Date: _____

Name (Please Print): _____

Address: _____

City: _____ State: _____ Zip: _____

DOB: _____ Phone: _____

Email Address: _____

Establishment Affiliation: _____

City: _____ State: _____ Zip: _____

CK #: _____ Amount: _____

Signature: _____ Date: _____