



DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS

OFFICE OF THE STATE FIRE MARSHAL

**AFFIDAVIT
FOR
EMPLOYEE QUALIFIER**

I hereby certify and declare that I am a paid employee of the firm listed below and I live within 150 miles of the office for which I qualify:

{Name of Firm}

Please place a check on the left side of all the endorsement(s) that you qualify:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Fire Sprinkler Designer | <input type="checkbox"/> Pre-Engineered | <input type="checkbox"/> Security | <input type="checkbox"/> Bank Locking |
| <input type="checkbox"/> Fire Alarm | <input type="checkbox"/> Kitchen Suppression | <input type="checkbox"/> Household Fire | <input type="checkbox"/> Special Locking |
| <input type="checkbox"/> Fire Alarm (Non-required) | <input type="checkbox"/> Fire Extinguisher/Hoses | <input type="checkbox"/> CCTV | <input type="checkbox"/> Detention Locking |
| <input type="checkbox"/> Fire Alarm (Owner) | <input type="checkbox"/> DOT Hydrostatic Testing | <input type="checkbox"/> Locksmith | <input type="checkbox"/> Gate Systems |
| <input type="checkbox"/> Fixed-Fire Suppression | | <input type="checkbox"/> Door Hardware | <input type="checkbox"/> Door Hardware Consultant |
| <input type="checkbox"/> Conveyance Device – Inspector | | <input type="checkbox"/> Conveyance Device – Mechanic | |

Furthermore, I shall not be affiliated with any other firm, as a qualifier, in my fire marshal licensed capacity as long as I am employed by the aforementioned firm. I will provide direct supervision of the firm's employees by routinely engaging in and regularly reviewing the daily life safety and property protection activity of the employee s of the firm as long as I am employed as a qualifying employee.

Thus done and signed on the _____ day of _____ 20____

(Name of Qualifier)

(Name of Owner)

(Signature of Qualifier)

(Owner's Signature)