State Fire Marshal's Office
118 Parade Street
Providence, RI 02909
Phone: 401-462-4200 Fax: 401-462-4250

JOURNEYMAN APPRENTICE APPLICATION

Name:_____ Date of Birth:_____

Address:_____

City:_____ State _____ Zip: _____

Home Phone:_____ Work Phone:_____

Social Security Number: _____

FORMER EMPLOYERS - FIRE EXTINGUISHER EXPERIENCE ONLY

Name	Address	Dates employed	Occupation

TO BE COMPLETED BY PRESENT EMPLOYER

Employer Business Name: _____ Cert. # _____

Address: _____ Telephone # _____

Number of Licensed Service People Employed by company: _____

NAME: _____ LIC. # _____

NAME: _____ LIC. # _____

NAME: _____ LIC. # _____

Note: The Division of the State Fire Marshal must be notified within 48 hours if there is a change of employer

Date:_____ Signature:_____

License Fee: $5.00 Please make check payable to R.I. State Fire Marshal

For Office Use Only

Date Approved: _____ Check # _____ License # 56 - _____

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