



North Carolina  
Department of Insurance  
Office of State Fire Marshal  
1202 Mail Service Center  
Raleigh, NC 27699-1202

## Assistant Affidavit

The person providing you with this affidavit is requesting that you or your company certify that they are a pyrotechnic Assistant under your license. Of particular concern is your knowledge as to his or her prior compliance with all company policies, state and local laws and safety regulations governing the use of pyrotechnics. Please include any pertinent information as an attachment to this form.

Your cooperation is requested so the Office of State Fire Marshal can determine whether the applicant has the experience necessary to receive a Pyrotechnic Operator's Assistant permit. The person involved is required to verify that he or she meets all conditions necessary to take a pyrotechnic operator's examination. This verification is accomplished through this affidavit detailing your knowledge of their experience. Please make sure this form is notarized.

I certify \_\_\_\_\_ has been/will be an employee/contractor for  
Applicant  
\_\_\_\_\_. \_\_\_\_\_ will be covered by Workers  
Company Name Applicant  
comprehensive Insurance for the duration of their performance for \_\_\_\_\_.  
Company Name  
\_\_\_\_\_ will be operating under the ATF license for \_\_\_\_\_  
Applicant Company Name/license holder  
to our knowledge is an ATF qualified individual.

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_, I certify under penalty of perjury that the foregoing is true and correct.

Signature of Owner/Officer of Company: \_\_\_\_\_

ATF License #: \_\_\_\_\_

Street Address & City: \_\_\_\_\_

\_\_\_\_\_

County and State:

Signature of Notary Public

Date: Sworn to and subscribed before me this day by \_\_\_\_\_ (Name of Principal)

Printed name of notary:

(Official Seal) My Commission Expires: