



NC DEPARTMENT OF INSURANCE  
**OFFICE OF STATE  
FIRE MARSHAL**

# CERTIFICATION APPLICATION

Applicant's Name (Print or Type): \_\_\_\_\_

Last 4 Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Sex: Male Female

## DEPARTMENT AFFILIATIONS

Primary Department Name: \_\_\_\_\_  
(Please list full name of Department)

Secondary Department Name: \_\_\_\_\_  
(If Applicable) (Please list full name of Department)

Date of High School Graduation/GED: \_\_\_\_\_ \*Attach a copy of Diploma/GED/HS Transcript  
mm/yyyy

Home Telephone #: (\_\_\_\_) \_\_\_\_\_ Business #: (\_\_\_\_) \_\_\_\_\_

Email address (Required): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Do you have a valid Drivers License \_\_\_\_ YES \_\_\_\_ NO

Have you ever been convicted of an offense against the law other than a minor traffic violation? If yes, explain fully on an additional sheet and attach to application. \_\_\_\_ Yes \_\_\_\_ No

*(A conviction does not mean you cannot be certified. The offense and how recently you were convicted will be evaluated in relation to the certification for which you are applying.)*

I certify the above information and attached documentation is true and accurate to the best of my knowledge.

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

**Please return this form and supporting documents by Email, Fax or U.S. Mail to:**

North Carolina Fire and Rescue Commission  
Attn: Certifications  
1202 Mail Service Center Raleigh, NC 27699-1202  
osfmcertifications@ncdoi.gov  
Toll Free: (800) 634-7854

7/30/2020