



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

Affidavit of Experience

The person providing you with this affidavit is requesting that you or your company certify their knowledge and experience with pyrotechnics. Of particular concern is your knowledge as to his or her prior compliance with all company policies, state and local laws and 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 an applicant has the experience necessary to receive a Pyrotechnic Operator's license. The applicant 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 an employee/contractor for
Applicant
_____ for the past _____ Years.
Company Name Number
_____ has performed as an operator for _____
Applicant Company Name
on a total of _____ occasions, with a total of _____ assistants under his or her
Number Number
supervision. _____ has performed as an assistant operator for a total
Applicant
of _____ before becoming an operator.
Number

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: _____

Sworn to and subscribed before me this day by _____ Drivers License : _____
(Name of Principal)

Date: _____ Printed name of notary: _____

(Official Seal)

My Commission Expires: _____