



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

## Proof of Insurance Affidavit

The person providing you with this affidavit is requesting that you, as the Chief of the volunteer fire department where the applicant is a member, certify their insurance coverage specifically for pyrotechnics, under the fire departments workers compensation insurance.

Your cooperation is requested so the Office of State Fire Marshal can determine whether an applicant has the coverage necessary to receive a Pyrotechnic Operator or Operator's Assistant permit. The person involved is required to verify that he or she meets all conditions necessary to take a Pyrotechnic Operator or Operator Assistant examination. This affidavit detailing their insurance status, your desire to have the applicant supervise and/ or assist in the firing of a municipal show, and your knowledge of their experience is part of that verification process. This letter must be printed on your fire department letter head and signed by the chief of your department.

I certify "[Applicant Name]" is currently an employee in good standing with \_\_\_\_\_  
[County/City] and is covered by the  
"[Department Name]" Fire Department's workers compensation  
insurance specifically for pyrotechnics operations. As a representative of  
"[Department Name]" we have requested that "[Applicant Name]"  
perform our municipal shows for the next three years.

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

Signature of City/County Manager: \_\_\_\_\_

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: