STATE OF UTAH
APPLICATION FOR CERTIFICATE OF REGISTRATION
PORTABLE FIRE EXTINGUISHERS

Rev. 12/5/2007

TYPE OF APPLICATION ☐ NEW ☐ RENEWAL ☐ UPGRADE ☐ 5 YEAR RETEST | EE# No.

Applicants Name _____
First Middle Last

Home Address: _____
Number and Street or PO Box City State Zip

Telephone: Social Security Number

Name of Firm _____ Firm's State E License Number: _____

Address of Firm: _____
Number and Street or PO Box City State Zip

Date of Birth: _____ Age: _____ Sex: ☐M ☐F Color of Hair: _____

Weight: lbs Height: ft in Color of Eyes:

Have you ever been convicted of any crime? ☐ Yes ☐ No
If "yes," indicate the date, type and location of the offense, the arresting agency, and the court disposition and sentencing information. (Use back of application)
Have you lived in another State within the last five years? ☐ Yes ☐ No

READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THIS APPLICATION:
I affirm that this application contains no misrepresentation or falsification and that the information is true and complete to the best of my knowledge and belief. I hereby understand and agree that a criminal history background check will be conducted on me and the information will only be used by the State Fire Marshal's Office to meet the requirements of Utah Administrative Code, R710-1-9.2.

Signature Date

CHECK TYPE OF WORK PERFORMED

☐ 4. Service any type portable fire extinguisher, except systems.

☐ 3. Conduct hydrostatic tests of water, dry chemical, and Halon fire extinguishers (except hydrostatic testing of containers listed as marked in conformance with U.S. Department of Transportation (DOT) regulations).

☐ 2. Conduct hydrostatic tests of fire extinguisher cylinders listed and marked in conformance with DOT regulations.

☐ 1. All activities as per (2), (3), and (4) above.

Have you taken the Utah Fire Extinguisher examination in the past? ☐ NO ☐ YES Date:

Mail to: UTAH STATE FIRE MARSHAL,
5272 SOUTH COLLEGE DRIVE, SUITE 302, MURRAY, UTAH 84123-2611

FOR OFFICE USE ONLY: Types Passed:_____ Date Passed:_____

Original Date		Renewal Date		Renewal Date		Renewal Date		Renewal Date	
Amount Paid		Amount Paid		Amount Paid		Amount Paid		Amount Paid	
Receipt #		Receipt #		Receipt #		Receipt #		Receipt #	
Date cert sent		Date cert sent		Date cert sent		Date cert sent		Date cert sent	