

Minnesota State Fire Marshal Division

445 Minnesota St. – Suite 145
St. Paul, Minnesota 55101-5145

Documentation of Eligibility for Examination

NOTE: Only complete this form if your documentation of eligibility is "Hours of Experience". W-2 records are not acceptable as they do not document that the hours were "fire protection-related work".

Candidate Information (Please Print)

Last Name:	First Name:	MI:
Address:		
City:	State:	ZIP Code:
Company Name:		
Daytime Phone:	Email:	

Hours engaged in performing fire protection-related work:	No. of Hours	
Fire protection-related work was performed from/to:	Month/Year	Month/Year

Signature - Managing Employee for Journeyman Fitters or Company Owner for Managing Employees

"I hereby attest that the above information is true and correct".

Signature:	Date:
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Notary

State of _____

County of _____

Signed and sworn to (or affirmed) before me on _____ by _____
(Name of Owner or Managing Employee)

(Signature of Notarial Officer)

My Commission Expires: _____

(Affix Seal)

All data requested on a Candidate Examination Application Form is required by law or administrative rule. The information is used to identify your eligibility to write the examination. Failure to provide required information may result in denial of your application. All information on the application is public and copies of the application or its information may be provided to anyone upon request.

SFM Office Use Only

Hours Accepted:	Reviewed By:	Date:
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