

Minnesota State Fire Marshal Division

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

Candidate Examination Application Form

Candidate Information (Please Print)		
Last Name:	First Name:	MI:
Address:		
City:	State:	ZIP Code:
Company Name:		
Daytime Phone:	Email:	
Examination Request		
Journeyman Sprinkler Fitter		Managing Employee
Examination Date and Location Request		
Exam Date:	Exam Location:	
Documentation		
Include required documentation of eligibility. See Page 3 of the State Fire Marshal Division's Candidate Information Booklet for acceptable means of documentation.		
Payment Information		
Exam Fee: \$55.00 Payable to MN State Fire Marshal Division	Money Order, Cashier's Check or Certified Check Personal checks will not be accepted.	
Mail to: MN State Fire Marshal Division, 445 Minnesota St. – Suite 145, St. Paul, Minnesota 55101-5145		
Signature		
By signing and submitting this form, I certify that I am the candidate named above. I further agree to comply with all examination rules and regulations.		
Signature of Candidate:		Date:

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			
Check No:	Amt. of Check:	Name on Check:	Date Rec'd: