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: Last Name | | First Name: First Name | | | | MI: MI |
| Address: Address | | | | | | |
| City: City | | | State: State | | ZIP Code: Zip | |
| Company Name: Company Name | | | | | | |
| Daytime Phone: Daytime Phone | | Email: Email Address | | | | |
| Examination Request | | | | | | |
| Journeyman Sprinkler Fitter  Managing Employee | | | | | | |
| Examination Date and Location Request | | | | | | |
| Exam Date: Exam Date | Exam Location: 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: 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.