

(Official Seal)

My Commission Expires:

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

Affidavit of Experience New Employee

The person providing you with this affidavit is requesting that you or your company certify their knowledge and experience with pyrotechnics. Of particular concern is your knowledge as to his or her prior compliance with all company policies, state and local laws and regulations governing the use of pyrotechnics. Please include any pertinent information as an attachment to this form.

Your cooperation is requested so the Office of State Fire Marshal can determine whether an applicant has the experience necessary to receive a Pyrotechnic Operator's permit. The person involved is required to verify that he or she meets all conditions necessary to take a pyrotechnic operator's examination. This verification is accomplished through this affidavit detailing your knowledge of their experience. Please make sure this form is notarized.

	I certify $\ I$ have personal knowledge that $\ _$	"[Applicant N	Name]"	has performed as a
	lead operator for"[Former Company]	Name]" on a	total of <u>[N</u>	<pre>[umber]_occasions,</pre>
	with a total of <a>[Number] assistants under his or her supervision. <a>["[Applicant Name]"]			
	has performed as an assistant operator for a total of _[Number]_ before becoming an			
	operator. I certify that"[Applicant Name]" will be performing as a lead operator			
	under my license for	ne]"		
	On thisday of the foregoing is true and correct.	20 , I ce	ertify under	penalty of perjury that
	Signature of Owner/Officer of Company:			
	ATF License #:			
	Street Address & City:			
County and Stat	e:		Signature	of Notary Public
Date:	Sworn to and subscribed before me this day by	(Name of Principal)	Printed na	me of notary: