

STATE OF UTAH APPLICATION FOR CERTIFICATION OF REGISTRATION **PORTABLE FIRE EXTINGUISHER SERVICE**

Application Data

Signature:



Have you read and do you understand Administrative Rule R710.1? Yes $\Box~$ No $\Box~$

EW □ RETEST □ 5 YEAR		
	EE No:	
		Orig Date:
	Email Address:	
Cell Number	:()	
_ Age: Sex:		
eight: Height:	Color of Hair:	
-	Cell Number Age: Sex: eight: Height:	Email Address: Cell Number: () Age:Sex: eight:Height:Color of Hair: City, State, Zip:

Have you ever been convicted of any crime? □ Yes □ No Drivers License Number: _____ State: _____

If "Yes", indicate the date, type and location of the offense, arresting agency, and court disposition and sentencing information: (Be candid and list each on the back of this form.) Have you lived in another State within the last five years? \Box Yes \Box No

READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SUBMITTING THIS APPLICATION:

By submitting this application I affirm that it contains no misrepresentation or falsification and the information is true and complete to the best of my knowledge and belief. I also understand and agree that failure to conduct business according to the adopted statutes and administrative rules of the State of Utah with regard to servicing portable fire extinguishers will subject myself to the possibility of the loss of my license and/or certification and/or the possibility of criminal prosecution.

Administrative: Pass Unsuccessful Date: BCI Approved: Type 3: Pass Unsuccessful Date: _____. Date: By: Unsuccessful Date: _____. Type 4: Pass Approved Yes No Unsuccessful Date: . 5-Year Exam: Pass

Original	Renew	Renew	Renew	Renew	
Date	Date	Date	Date	Date	
Amount	Amt	Amt	Amt	Amt	
Paid	Paid	Paid	Paid	Paid	
Receipt	Receipt	Receipt	Receipt	Receipt	
No	No	No	No	No	
Date Cert	Cert	Cert	Cert	Cert	
Sent	Sent	Sent	Sent	Sent	