



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

## Affidavit of Experience

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 Proximate Audience Pyrotechnic Operator's license. The applicant is required to verify that he or she meets all conditions necessary to take a Proximate Audience 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 \_\_\_\_\_ has been an employee/contractor for  
Applicant  
\_\_\_\_\_ for the past \_\_\_\_\_ Years.  
Company Name Number  
\_\_\_\_\_ has performed as an operator for \_\_\_\_\_  
Applicant Company Name  
on a total of \_\_\_\_\_ occasions, with a total of \_\_\_\_\_ assistants under his or her  
Number Number  
supervision. \_\_\_\_\_ has performed as an assistant operator for a total  
Applicant  
of \_\_\_\_\_ before becoming an operator.  
Number

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, I certify under penalty of perjury that the foregoing is true and correct.

Signature of Owner/Officer of Company: \_\_\_\_\_

ATF License # (if applicable): \_\_\_\_\_

Street Address & City: \_\_\_\_\_

County and State: \_\_\_\_\_ Signature of Notary Public: \_\_\_\_\_

Sworn to and subscribed before me this day by \_\_\_\_\_ Drivers License : \_\_\_\_\_  
(Name of Principal)

Date: \_\_\_\_\_ Printed name of notary: \_\_\_\_\_

(Official Seal)

My Commission Expires: \_\_\_\_\_