



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

Assistant Affidavit

The person providing you with this affidavit is requesting that you or your company certify that they are a pyrotechnic Assistant under your license. Of particular concern is your knowledge as to his or her prior compliance with all company policies, state and local laws and safety 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 the applicant has the experience necessary to receive a Pyrotechnic Operator's Assistant 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 _____ has been/will be an employee/contractor for
Applicant
_____. _____ will be covered by Workers
Company Name Applicant
Compensation Insurance for the duration of their performance for _____.
Company Name
_____ will be operating under the ATF license for _____.
Applicant Company Name/license holder
To our knowledge _____ is an ATF qualified individual.
Applicant
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 #: _____

Street Address & City: _____

County and State:

Signature of Notary Public

Date:

Sworn to and subscribed before me this day by _____ (Name of Principal)

Printed name of notary:

(Official Seal)

My Commission Expires: