



# Department of Fire Services Commonwealth of Massachusetts

## Application for Cannon/Mortar Certificate of Competency (FP-082)

**NEW** \_\_\_\_\_ **Exam Location: Stow or Springfield** **Exam Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **at 10:00 a.m.**

**RENEWAL CN #** \_\_\_\_\_

### APPLICATION INSTRUCTIONS

Instructions for all applicants:

- ☐ Type or print in all items on this form and sign the form where indicated and return to the address above.
- ☐ Include with this application one (1) passport style color photograph measuring 2" by 2"; MA residents do not have to send photographs if they permit DFS use of their RMV photograph (see certification page).
- ☐ Include a legible copy of your current driver's license.
- ☐ Complete the CORI Request form; it must be notarized.

Instructions for a new CN Certificate of Competency:

- ☐ Provide reference/endorsement completed by a licensed person who is familiar with your cannon/mortar experience.

Instructions to renew a CN Certificate of Competency:

- ☐ Follow instructions above for all applicants; nothing else is required.

### APPLICANT INFORMATION

Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last) (First) (Middle) (Month) (Day) (Year)

Address \_\_\_\_\_  
City/T own, State, Zip (P.O. Box not acceptable. Residential address required.)

Mailing Address (if different): \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_ -- \_\_\_\_\_  
(All renewal notices will be sent electronically)

Driver's License: State \_\_\_\_\_ Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Are you a U.S. Citizen: { } YES { } NO (If you answered NO, then you **must** attach copies of your federal documents showing your INS-issued alien number or admission number **and social security card.**)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_ Sex: \_\_\_\_\_

How many continuous years have you been involved with Cannon/Mortar firing? \_\_\_\_\_

Has any license, permit or certificate of competency been revoked, suspended or refused? { } YES { } NO

Present Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_ -- \_\_\_\_\_  
(Name)

Employer Address: \_\_\_\_\_  
(Address) (City/Town) (State) (Zip)

Position Held: \_\_\_\_\_ How Long Employed at This Position: \_\_\_\_\_

## GENERAL INFORMATION

Have you ever been convicted in any state or federal court of a crime punishable by imprisonment for a term exceeding one year? (Whether or not you actually served time) { } YES { } NO

Have you ever been admitted to any hospital or institution for mental illness? { } YES { } NO

Have you ever been convicted in any state or federal jurisdiction of any controlled substance law? { } YES { } NO

Have you ever been ordered by a court to receive treatment for drug or alcohol abuse? { } YES { } NO

Have you ever had a license, permit or right to use a cannon/mortar suspended or revoked in any state or federal jurisdiction? { } YES { } NO

Are you currently taking any medication, which may impair your ability to conduct a licensed activity safely? { } YES { } NO

Have you ever been involved in any incident(s) resulting from the use of a cannon/mortar which resulted in personal injury or property damage? { } YES { } NO

***All questions must be answered.***

***Any question answered "Yes" must be explained on an attached sheet of paper.***

## APPLICANT CERTIFICATION

I attest that I have reviewed and am familiar with all Commonwealth of Massachusetts Cannon/Mortar Laws and Regulations, and all federal laws and regulations relative to the transportation, possession and use of explosive materials, including but not limited to 18 U.S.C. 40, and 27 C.F.R. 555, as amended. I hereby consent to the release of all personal records containing data relative to this application, maintained by any individual or agency. I certify that I am authorized to execute this application.

My signature below authorizes the Department of Fire Services to electronically access my photograph from the Massachusetts Registry of Motor Vehicles database. This option is available to Massachusetts residents only.

I declare under the penalty of perjury that the statements given and information provided herein are true as of the date of this application. I am aware that there are significant penalties for submitting false information, including possible fines, civil penalties and imprisonment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE NOTE THAT ONLY APPLICATIONS WITH ORIGINAL WET SIGNATURES WILL BE ACCEPTED. PHOTOCOPIES OF APPLICATIONS WILL NOT BE PROCESSED.**

## CORI REQUEST FORM

The Department of Fire Services, Office of the State Fire Marshal (Agency # 820), has been certified by the Criminal History Systems Board for access to general use/CJIS records:

### Applicant/Employee Information (Please Print)

_____	_____	_____
Last Name	First Name	Middle Name
_____		_____
Maiden Name or Alias (if applicable)		Place of Birth
_____	_____	_____
Date of Birth	Social Security Number (requested but not required)	Mother's Maiden Name

Former Residential Addresses:

\_\_\_\_\_  
\_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Drivers License: State \_\_\_\_\_ Number: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

### Statement of Notary Public:

The above information was verified by reviewing the following form of government issued photographic identification:

\_\_\_\_\_  
\_\_\_\_\_ss: Date: \_\_\_\_\_

Before me, then personally appeared the above named Affiant, \_\_\_\_\_ who acknowledged, by his signature, the foregoing Affidavit and Endorsement to be true and to be the Affiant's free act and deed.

Notary Signature: \_\_\_\_\_

Notary Name (printed): \_\_\_\_\_

Commission Expiration Date: \_\_\_\_\_

(Seal)

Requested By: \_\_\_\_\_

Signature of CORI Authorized Employee  
(MA State Police-Assigned)

**REFERENCE/ENDORSEMENT for NEW CERTIFICATE of COMPETENCY**

**REFERENCE/ENDORSEMENT  
CANNON/MORTAR**

I \_\_\_\_\_, hereby attest that I hold a current Massachusetts Certificate of Competency to fire a Cannon/Mortar.

\_\_\_\_\_  
(Name )

\_\_\_\_\_  
(Complete Address)

\_\_\_\_\_  
(Telephone Number)

I have continuously held a Cannon/Mortar Certificate of Competency for the past 5 years. I endorse the applicant named in Section II as an individual who has demonstrated he/she is competent to fire a Cannon/Mortar in Massachusetts.

**I declare under the penalty of perjury that the statements made and information provided herein are true as of the date of this application. I am aware that there are significant penalties for submitting false information including possible fines, civil penalties and imprisonment.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE NOTE THAT ONLY APPLICATIONS WITH ORIGINAL WET SIGNATURES WILL BE ACCEPTED. PHOTOCOPIES OF APPLICATIONS WILL NOT BE PROCESSED.**

**ALL Applicants Must Complete This Page**

Name: \_\_\_\_\_ Date \_\_\_\_\_

**In order to help the Department of Fire Services explore the feasibility and necessity of providing the Application for Certificate of Competency for Cleaning/Inspecting Commercial Cooking Operations in languages other than English all applicants must complete the following:**

“If you have difficulties completing this application form due to your inability to read the English language, please indicate which language you can read and return this information with the application. Thank you.”

- ☐ Portuguese
- ☐ Spanish
- ☐ Vietnamese
- ☐ Mandarin
- ☐ Other
- ☐ Able to read and understand the English Language

“Se tiver dificuldade para preencher este requerimento porque não entende o Inglês, indique o idioma no qual sabe ler e devolva esta informação junto com o requerimento. Obrigado.”

- ☐ Português
- ☐ Espanhol
- ☐ Vietnamita
- ☐ Mandarin
- ☐ Outro

“Si tiene dificultades para completar este formulario de solicitud debido a que no puede leer el idioma inglés, favor de indicar en qué idioma puede leer y enviar de regreso esta información con la solicitud. Gracias.”

- ☐ Portugués
- ☐ Español
- ☐ Vietnamita
- ☐ Mandarin
- ☐ Otro

“Nếu quý vị gặp khó khăn khi hoàn tất mẫu đơn này do quý vị không đọc được tiếng Anh, vui lòng cho biết quý vị có thể đọc ngôn ngữ nào và gửi lại thông tin này cùng mẫu đơn này. Xin cảm ơn”

- ☐ Tiếng Bồ Đào Nha
- ☐ Tiếng Tây Ban Nha
- ☐ Tiếng Việt
- ☐ Tiếng Trung Phổ thông
- ☐ Khác

“如因不懂英文而無法填寫此申請表，請註明您能看懂的語言，並將此項資訊隨申請表一併交回。感謝您”

- ☐ 葡萄牙文
- ☐ 西班牙文
- ☐ 越南文
- ☐ 中文
- ☐ 其他

**Mail completed application to: Department of Fire Services • Attn: Licensing Desk**

**Department of Fire Services • P.O. Box 1025, 1 State Road, Stow, MA 01775**

978-567-3375 • [www.mass.gov/dfs](http://www.mass.gov/dfs)