



FP-082

The Commonwealth of Massachusetts
Executive Office of Public Safety and Security
Department of Fire Services

P.O. Box 1025 ~ State Road
Stow, Massachusetts 01775
(978) 567~3700 Fax: (978) 567~3199



APPLICATION FOR CANNON/MORTAR CERTIFICATE OF COMPETENCY

NEW Exam Location: Stow or Northampton Exam Date: at 10:00 a.m.
RENEWAL CN #

I. 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 affidavit/endorsement completed by a licensed person who is familiar with your cannon/mortar experience. This affidavit must be notarized.

Instructions to renew a CN Certificate of Competency:

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

II. APPLICANT INFORMATION

Name of Applicant: Date of Birth:

Address: City/Town, State, Zip (P.O. Box not acceptable. Residential address required.)

Mailing Address (if different):

Email Address: (All renewal notices will be sent electronically, not by regular mail, effective immediately.)

Social Security Number: Phone 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?

Have you ever held a Cannon/Mortar Certificate of Competency or similar license issued by another jurisdiction: { } YES { } NO

If so, where: _____
(Title of Document) (State) (Agency)

Has any license, permit or certificate of competency been revoked, suspended or refused?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: _____

III. 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 committed by any court 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.

IV. AFFIDAVIT and ENDORSEMENT for NEW CERTIFICATE of COMPETENCY

**AFFIDAVIT AND 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, and said applicant has satisfactorily completed a Cannon/Mortar safety course and Massachusetts regulatory instruction course. 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: _____

Statement of Notary Public:

COMMONWEALTH OF MASSACHUSETTS

_____, 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)

V. 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. 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: _____

**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.**

Statement of Notary Public:

COMMONWEALTH OF MASSACHUSETTS

_____, 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)

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)