



FP-82R

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



STEPHEN D. COAN
STATE FIRE MARSHAL

APPLICATION FOR CANNON/MORTAR CERTIFICATE OF
COMPETENCY – RENEWAL

I. APPLICATION INSTRUCTIONS

Follow the instructions below to complete the Application for a Cannon/Mortar Certificate of Competency Renewal:

- 1. Type or print in black ink all items on this form and sign the form in Section IV;
2. Please note that the form must be notarized;
3. Include with this Application two (2) passport style photographs measuring 1"x 1 1/4";
4. Include a legible copy of your driver's license.
5. Complete both pages of the CORI Request form. This must be notarized

There is no fee for a Cannon/Mortar Certificate of Competency renewal at this time

II. APPLICANT INFORMATION

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

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

Mailing Address (if different):

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:

Present Employer: (Name) Phone Number: --

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

Position Held: How Long Employed at This Position:

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

My current Massachusetts Cannon/Mortar Certificate of Competency number is:

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) (License Number) (State) (Agency)

Has any license, permit or certificate of competency been revoked, suspended or refused?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

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 that 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. 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.

PURSUANT TO MASSACHUSETTS GENERAL LAWS, CHAPTER 62C, SECTION 49A, I CERTIFY UNDER THE PENALTIES OF PERJURY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, I HAVE FILED ALL STATE TAX RETURNS AND PAID ALL STATE TAXES REQUIRED UNDER LAW.

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)

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.

(Seal)

Notary Signature: _____

Notary Name (printed): _____

Commission Expiration Date: _____

Requested By: _____

Signature of CORI Authorized Employee

(MA State Police-Assigned)