STATE OF NEBRASKA – FIRE MARSHAL

RESP	ONSIBLE MANAGIN	IG EMPLOYEE REQUIR	ED AFFIDAVIT FO	RM –		
STATE OF NEBRASKA)				
) SS.				
COUNTY OF)				
	(Employee's Legal Full Name)	, being first duly	y sworn upon oath, de	poses and state a	s follows:	
1	l am a resident of				and I	
		(City Name)		, (State)		
	have agreed to be designated as the RME for (Company Name)					
2.	I have reviewed and am familiar with the rules and regulations promulgated by the Nebraska State Fire Marshal's Office, particularly those set forth in Neb Rev. Stat. § 81-5,158 to 85-5,164 (1997) and Title 153 Chapter 19.					
3.		has designated	d me as the responsib	le managing emplo	oyee for	
	(Company Name) said company in accordance with the requirements of Neb Rev. Stat. § 81-5,158 (1) (1997), said designation occurring on (date)					
4.	That I am employed f	ull-time by(Compa	and ny Name)	further am an own	ier,	
	partner, or officer or in a management position of such company. Further, I am not an independent contractor working for					
	(Company Name)					
5.	NICET NUMBER the RME of(ertified by NICET at Level 3 , and will maintai Company Name) that would affect my qualifi	n the aforementioned In the event that m	l certification while a y certification statu	acting as	
	Nebraska, I will notify	(Company Name	and the	Nebraska State Fi	re	
	Marshal within 30 day		,			
6.		nt is terminated or I no long				

(Company Name) Marshal within (30) days of said change in status. 7. That I understand the use of false evidence, false documentation or misrepresentation in the application process for a certificate may result in penalties set forth in Neb. Rev. Stat. ss.81-5,163 (1997).

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Further Affiant s	Further Affiant saith not.			
Date this	day of	,		
Name (PRINTE	D):			
Sign:				
STATE OF NEBRASKA)			
) SS.			
COUNTY OF)			
The foregoing instrumen	day of			
by	Notary Public			