

STATE OF NEBRASKA – FIRE MARSHAL

COMPANY OWNER - REQUIRED AFFIDAVIT FORM –

STATE OF NEBRASKA )

) SS.

COUNTY OF )

\_\_\_\_\_, being first duly sworn upon oath, deposes and state as follows:  
(Full Legal Name)

1. I am a resident of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
(City) (County) (State)  
and I am the \_\_\_\_\_ of \_\_\_\_\_.  
(CEO/Owner) (Company Name)
2. I have reviewed and am familiar with the rules and regulations promulgated by the Nebraska State Fire Marshal's Office and particularly those set forth in Neb Rev. Stat. § 81-5,158 to 85-5-164 (1997) and Title 153, Chapter 19.
3. \_\_\_\_\_ has designated \_\_\_\_\_ \_\_\_\_\_ as  
(Company Name) (RME Name) (NICET #)  
the responsible managing employee of said company, said designation occurring on  
\_\_\_\_\_.  
(Date)
4. That if \_\_\_\_\_ employment is terminated or he/she no longer serves as  
(RME Name)  
the Responsible managing employee of \_\_\_\_\_, \_\_\_\_\_ will  
(Company Name) (Company Name)  
notify the State Fire Marshal Agency within (30) days of said change in status.
5. That \_\_\_\_\_ has and will maintain insurance as required by  
(Company Name)  
Neb. Rev. Stat. 85-5,160 (1997) and Title 153, Chapter 19 during the company's  
certification period.
6. 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. § 81-5,163 (1997).

Further Affiant saith not.

Date this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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

Sign: \_\_\_\_\_

STATE OF NEBRASKA )

) SS.

COUNTY OF )

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_, by \_\_\_\_\_

\_\_\_\_\_ Notary Public