

STATE OF NEBRASKA – FIRE MARSHAL AGENCY

COMPANY OWNER - REQUIRED AFFIDAVIT FORM

STATE OF NEBRASKA)
) SS.
COUNTY OF _____)

being first duly sworn upon oath, deposes and state as follows:

1. I am a resident of _____, _____, and I am the _____ of _____.

2. I have reviewed and am familiar with the rules and regulations promulgated by the Nebraska State Fire Marshal Agency, 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 the Responsible Managing Employee of said company, said designation occurring on _____.

4. That if _____'s employment is terminated or he/she no longer serves as the Responsible managing employee of _____, _____ will notify the State Fire Marshal Agency within (30) days of said change in status.

5. That _____ has and will maintain insurance as required by 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 _____, _____.

Name (printed): _____

Sign: _____

STATE OF NEBRASKA)
) SS.
COUNTY OF _____)

The foregoing instrument was acknowledged before me this _____ day of _____, _____ by _____ Notary Public