



S370 Fire Suppression System Contractor Experience Affidavit

S370 QUALIFIER INFORMATION

Qualifier Full Legal Name: _____

Birthdate: _____ Social Security Number: _____

Address: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Email: _____

Signature: _____ Date: _____

SUPERVISOR INFORMATION

Supervisor Full Legal Name: _____

Birthdate: _____ Social Security Number: _____

Address: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Email: _____

Employing Business Name: _____

Supervisor's Position: _____ Employing Business License No.: _____ -5501

Dates of Immediate Supervision*: from: _____ to _____
**2 years minimum required (4,000 hours)*

I declare under criminal penalty under the law of Utah that the foregoing is true and correct. I confirm that I was certified in fire sprinkler fitting during the entire duration of immediate supervision of the above applicant as required by [Utah Code § 58-55-308 \(4\)](#) and defined by [Utah Admin. Code § R156-1-102a\(4\)\(a\)](#).

Signature of Supervisor: _____ Date: _____

Printed Name: _____