



APPLICATION REQUEST FOR USE OF THE:

- Fire Resistant Plant Display
- 9-1-1 Simulator
- Flameless Candles

**OFFICE OF STATE FIRE MARSHAL
DEPARTMENT OF STATE POLICE
4760 Portland Rd NE
Salem, Oregon 97305
Phone: 503-934-8366 Fax: 503-373-1825
E-mail Nicole.lewis@state.or.us**

OSFM USE ONLY

Application Approved
Date:

Approved Use Dates:

Pickup Date & Time:

Return Date & Time:

Application: Complete this form and mail, fax or e-mail to the above contact.
Application Process: You will be notified when the application is approved.

Contact Person: _____ **FDID Number:** _____

Department Name: _____

Mailing Address: _____
Address City State Zip

Phone Number: _____ **Fax Number:** _____ **Email:** _____

List Request Dates

(Pickup and return times are Monday – Friday, between 9:00 a.m. – 3:00 p.m.)

Choice #1: Pickup Date & Time: _____ **Return Date & Time:** _____

Choice #1: Pickup Date & Time: _____ **Return Date & Time:** _____

Describe the event: _____

Event location: _____

Participating organizations (i.e., FD, Co-op, Red Cross, etc.): _____

I agree that while in the above listed Department's possession, all policies for the Fire Resistant Plant Display, 9-1-1 Simulator or Flameless Candles will be followed. In addition, I agree to notify the Office of State Fire Marshal of any damage or loss within 24 hours. The Department will replace any damaged items. The Department will follow all applicable laws while using the Fire Resistant Plant Display, 9-1-1 Simulator or Flameless Candles and hold harmless the State and the Office of the State Fire Marshal for any negligence as a result of misconduct or improper use.

Signature or (by typing your name you agree to the above statement) Date: