

**OFFICE OF THE MISSISSIPPI
STATE FIRE MARSHAL
APPLICATION FOR SPECIAL STATE/LOCAL INSPECTOR**

A person shall not be appointed who is not a paid employee of the Fire Department or other State Agency as a Special Fire Prevention Inspector who has not had at least three (3) years' experience with a Fire Department. Such experience shall include training for the inspections of premises and other certifications regarding Fire Code and Plan Review. Other persons may be appointed subject to training, certification and/or education approved by the State Chief Deputy Fire Marshal. Special State/Local Inspectors are not entitled to receive compensation (monetary) from the State Fire Marshal's Office who performs inspection duties within the scope of their official employment with a City, County or State Agency (Section 45-11-105, MS Code 1972, Annotated).

(Name)	(Street Address, City, State, Zip)
(Email Address)	Please Indicate Correspondence preference: _____ Email _____ Standard Mail
(_____) (Home Phone Number)	(_____) (Other Phone Number)

EDUCATIONAL BACKGROUND

Do you have a high school diploma? Yes No Date received _____
 Do you have a GED certificate? Yes No Date received _____

Years of Education:

College/University/ Technical School	Did you graduate?	Major	Minor
	Yes No		
	Yes No		
	Yes No		

Licenses, Certificates or Registration from the State Fire Academy or recognized Fire Service Training Organization (military, NFPA, etc.).

Title/Type	License #	Name of Agency	Specialization	Certificate Date	Date to Expire

FIRE SERVICE AND TRAINING RECORD

Name & address of employer/company	Exact title of your position	# Employees supervised

(List additional information on a separate sheet)

CERTIFICATION: I certify that all statements made herein and on any attached documents are true and complete to the best of my knowledge. I know that any misrepresentation herein may lead to rejection of my application for a Special State/Local Inspector.

_____/_____/_____ (DATE) _____ (SIGNATURE OF APPLICANT)

RECOMMENDATION FOR APPOINTMENT: I, _____, certify that the applicant for appointment as a Special State/Local Inspector for the State Fire Marshal's Office is an employee in good standing with the _____ Department and meets all requirements as set forth as a Special State/Local Inspector. I recommend that they be appointed to serve as a Special State/Local Inspector for the State Fire Marshal's Office.

_____/_____/_____ (DATE) _____ (SIGNATURE AND TITLE)

**STATE OF MISSISSIPPI
DEPARTMENT OF INSURANCE
OFFICE OF THE FIRE MARSHAL**

_____/_____/_____
(Date) NO. _____

This is to certify that _____, whose signature and description appear on this card, is a duly appointed

_____ and is hereby authorized to conduct Fire Safety Inspections for the State Fire Marshal's Office as authorized by the Mississippi Fire Prevention Code, Section 45-11-105, MS Code, 1972, Annotated.

Expiration: _____

Connie Dolan
State Chief Deputy Fire Marshal

DESCRIPTION

EYES _____ HAIR _____

HEIGHT _____ WEIGHT _____

DOB ____/____/____ SEX Male Female

In accepting this card, I agree to surrender same on demand of State Chief Deputy Fire Marshal.

Signature of Inspector _____

**Sign above line with permanent "Sharpie" style marker.
Attach two (2) passport style photos with application when submitted.**

**SPECIAL STATE AND LOCAL INSPECTOR PROGRAM
(Operational Procedures)**

The Special State/Local Inspector Program is authorized by the MS Fire Prevention Code, Section 45-11-105(1) and is designed to assist the State Fire Marshal's Office with inspections of all buildings owned by the State or State Agencies located in Municipalities and Counties in the State of Mississippi. It is a voluntary program of participation on the part of City, County and State Agencies.

For an individual to be appointed as a Special State/Local Inspector they are required to be a member of a paid Fire Department or State Agency. The applicant is to have experience and training, which includes the inspection of buildings and certifications regarding fire code enforcement and plan review. Other individuals may be appointed subject to training, certification and/or education approved by the State Chief Deputy Fire Marshal. Special State/Local Inspectors are not entitled to receive compensation (monetary) from the State Fire Marshal's Office who performs inspection duties within the scope of their official employment with a City, County or State Agency.

1. Appointments are made based on applicants meeting the requirements as set forth in the rules and regulations of the MS Fire Prevention Code at the discretion of the State Chief Deputy Fire Marshal.
2. Appointments may be terminated by the State Chief Deputy Fire Marshal or the Agency appointed upon ten-day written notice by either party.
3. Inspections will be completed either on forms used by the Local Department for whom the Special State/Local Inspector is employed or on forms provided by the State Fire Marshal's Office. Copies of all inspections will be forwarded to the ATTN: Bobby Malley, State Fire Marshal's Office, P. O. Box 79, Jackson, MS 39205.
4. All inspections conducted by Special State/Local Inspectors are to be kept on file with a Quarterly Report submitted to the State Fire Marshal's Office unless there is a life safety concern.
5. The State Fire Marshal's Office will be available to assist with inspections on all applicable buildings as requested by Special State/Local Inspectors.
6. The State Chief Deputy Fire Marshal will be available to assist in resolving problems relating to code enforcement issues.
7. Appeals filed by Complainants will be heard by the State Board of Adjustment and Appeals if the State Chief Deputy Fire Marshal cannot resolve the conflict.
8. Special State/Local Inspectors appointed will be required to attend training programs offered by the State Fire Marshal's Office.

Special State and Local Inspector Program

(Quarterly Inspection Report)

Occupancy Classification	1 st Quarter Jan / March	2 nd Quarter April / June	3 rd Quarter July / Sept.	4 th Quarter Oct. / Dec.	Totals For the Quarter
Assembly					
Business					
Educational					
Factory					
High-Hazard					
Institutional Condition					
Mercantile					
Residential					
Storage					
Utility					

Note: Quarterly reports shall be submitted by the 15th of the following month of that quarter.

Attn: B.J. Malley
State Fire Marshal's Office
P.O. Box 79
Jackson, MS 39205-0079