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| **APPLICATION FOR PYROTECHNIC DISPLAY BEFORE PROXIMATE AUDIENCE** |
| APPLICANT MUST FILL OUT ALL REQUIRED INFORMATION BELOW |

NAME OF SHOW: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF SPONSOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPONSOR MAILING ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOWN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: ZIP: \_\_\_\_\_\_\_\_\_\_

PRINTED NAME OF RESPONSIBLE PERSON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF SPONSOR: DATE:

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| LICENSED TECHNICIAN INFORMATION |

NAME OF LICENSED TECHNICIAN FOR DISPLAY: LICENSE #:\_\_\_\_\_\_\_\_\_\_\_\_\_

DRIVER’S LICENSE: STATE: TELEPHONE: ENDORSEMENTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| DISPLAY INFORMATION |

TOWN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COUNTY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT PERSON AVAILABLE AT THE FACILITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF DISPLAY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ START TIME: \_\_\_\_\_\_\_\_\_\_\_ RAIN DATE & TIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DISPLAY TYPE: [ ]  INDOOR [ ] OUTDOOR THIS DISPLAY IS: [ ]  PUBLIC [ ]  PRIVATE

COMPANY FURNISHING DISPLAY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ USER #: \_\_\_\_\_\_\_\_\_\_\_\_\_

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| **THE APPLICATION SHALL BE ACCOMPANIED BY AN ACCURATE AND DETAILED PLAN OF THE EVENT AND ALL REQUIREMENTS OF NFPA 1126 AND NFPA 160**SAMPLE CHECK LIST OF INFORMATION: |
| 1. DIAGRAM OF THE DISCHARGE SITE
2. DIAGRAM OF THE SPECTATOR VIEWING AREA.
3. DIAGRAM OF THE FALLOUT AREA
4. DIAGRAM SHOWING ALL EFFECTS
5. DIAGRAM SHALL ACCURATELY SHOW ALL DIMENSIONS OF THE EFFECTS AREA
6. QUALIFICATIONS OF THE PYROTECHNICS OPERATOR
7. THE NAMES AND AGES OF ALL ASSISTANT WHO ARE TO BE PRESENT
8. CONFIRMATION OR ANY APPLICABLE STATE AND FEDERAL LICENSES HELD BY THE OPERATOR OR ASSISTANTS
9. THE NUMBER AND TYPES OF PYROTECNICS DEVICES
10. ANY POINT OF ON SITE ASSEMBLY OF PRODUCTS
 | 1. MSDS SHEETS
2. FIRE RETARDANT CERTIFICATIONS
3. MANNER AND PLACE OF STORAGE OF PRODUCTS
4. TYPES AND NUMBERS OF FLAME EFFECTS
5. CERTIFICATION OF COSTUMES FOR FLAME RETARDANT
6. TIME AND SEQUENCE OF EFFECTS
7. INSURANCE CERTIFICATE NAMING THE OFFICE OF STATE FIRE MARSHAL AS CERTIFICATE HOLDER
8. COPIES OF ALL ATF LICENSES
9. ANY LP GAS LICENSES NEED FOR FLAME EFFECTS

**BE SURE TO ADD IN ALL INFORMATION AS REQUIRED BY NFPA 160, 1126, AND 1123.** |

I certify, under penalty of law, that the information given in this application is correct and complete to the best of my knowledge.

SIGNATURE OF APPLICANT: DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_