



**Department of Public Safety
STATE FIRE MARSHAL'S OFFICE**

52 State House Station
Augusta, ME 04333-0052

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APPLICATION FOR INDOOR PYROTECHNIC DISPLAY BEFORE PROXIMATE AUDIENCE

APPLICANT MUST FILL OUT ALL REQUIRED INFORMATION BELOW

NAME OF SPONSOR: _____ TEL: _____
MAILING ADDRESS: _____
TOWN: _____ ZIP: _____

COMPANY ISSUING LIABILITY INSURANCE: _____ (Signature and title of Sponsor)

1. Covering Storage: _____ (name) (Certificate #) (limits)
2. Covering Display: _____ (name) (Certificate #) (limits)

LICENSED TECHNICIAN INFORMATION

NAME OF LICENSED TECHNICIAN FOR DISPLAY: _____ LICENSE #: _____
TELEPHONE NUMBER: _____ ENDORSEMENTS: _____
MAILING ADDRESS: _____
TOWN: _____ STATE: _____ COUNTRY: _____ ZIP: _____

DISPLAY SITE INFORMATION

TOWN: _____ COUNTY: _____
SPECIFIC LOCATION: _____
DIRECTIONS: _____
CONTACT PERSON WHO WILL BE AVAILABLE AT THE FACILITY: _____ TEL NUMBERS: _____

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

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| 1. DIAGRAM OF THE DISCHARGE SITE. | 11. MSDS SHEETS |
| 2. DIAGRAM OF THE SPECTATOR VIEWING AREA. | 12. FIRE RETARDANT CERTIFICATIONS |
| 3. DIAGRAM OF THE FALLOUT AREA. | 13. MANNER AND PLACE OF STORAGE OF PRODUCTS |
| 4. DIAGRAM SHOWING ALL EFFECTS | 14. TYPES AND NUMBERS OF FLAME EFFECTS |
| 5. DIAGRAM SHALL ACCURATELY SHOW ALL DIMENSIONS OF THE EFFECTS AREA | 15. CERTIFICATION OF COSTUMES FOR FIRE RETARDENT |
| 6. QUALIFICATIONS OF THE PYROTECHNIC OPERATOR | 16. TIME AND SEQUENCE OF EFFECTS |
| 7. THE NUMBER, NAMES, AND AGES OF ALL ASSISTANTS WHO ARE TO BE PRESENT | 17. INSURANCE CERTIFICATE NAMING THE COMMISSIONER OF PUBLIC SAFETY AS CERTIFICATE HOLDER |
| 8. CONFIRMATION OR ANY APPLICABLE STATE AND FEDERAL LICENSES HELD BY THE OPERATOR OR ASSISTANTS | 18. COPIES OF ALL ATF LICENSES |
| 9. THE NUMBER AND TYPES OF PYROTECHNIC DEVICES | 19. ANY LP GAS LICENSES NEED FOR FLAME EFFECTS |
| 10. ANY POINT OF ON SITE ASSEMBLY OF PRODUCTS | |

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

DISPLAY INFORMATION

DATE OF DISPLAY: _____	NAME AND ADDRESS OF PERSON/COMPANY FURNISHING DISPLAY AND MATERIALS: _____ _____ _____
TIME OF DISPLAY: _____	
CITY/TOWN: _____ COUNTY: _____	
TELEPHONE: _____	

↓ DEPARTMENT OF PUBLIC SAFETY USE ONLY ↓

APPLICATION REC'D:	SENT TO INSPECTOR:	APPROVED BY:	PERMIT # ISSUED:	CERTIFICATE #:	Date received by Inspector/Investigator: _____
\$141.00 FEE REC'D	DATE:	DATE:	DATE:	CERTIFICATE CHECKED FOR WORDING BY:	
					OK TO ISSUE: <input type="checkbox"/>
					FAILED INSPECTION: <input type="checkbox"/>