



# OFFICE OF THE STATE FIRE MARSHAL

## APPLICATION FOR FLAMETHROWING DEVICE PERMIT

Check one:  New Application  Renewal  Replacement

Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ SSN#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Male: \_\_\_\_ Female: \_\_\_\_ Hair: \_\_\_\_ Eyes: \_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Have you ever had a Flamethrowing Device Permit?  No  Yes:  
If so, was your a Flamethrowing Device Permit denied, revoked, or suspended?  
 No  Yes Permit # \_\_\_\_\_  
If yes, explain:  
\_\_\_\_\_

Are you addicted to any controlled substance?  No  Yes

### STORAGE SITE OF FLAMETHROWING DEVICE (PRIMARY)

Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_

### SECONDARY STORAGE SITE OF FLAMETHROWING DEVICE (if any)

Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_

### PRIMARY TRANSPORTING VEHICLE/TRAILER

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Vehicle ID Number: \_\_\_\_\_

Vehicle License Number: \_\_\_\_\_ State: \_\_\_\_\_

### SECONDARY TRANSPORTING VEHICLE/TRAILER (if any)

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Vehicle ID Number: \_\_\_\_\_

Vehicle License Number: \_\_\_\_\_ State: \_\_\_\_\_

I have read and understand the Office of the State Fire Marshal's regulations regarding possession, use and transportation of flamethrowing devices and understand that I must abide by the terms of the regulations. I further attest to the fact that the storage sites and vehicles listed above meet the security

requirements outlined in the regulations. I understand that violation(s) of the regulations will constitute grounds for either denial or suspension of my Flamethrowing Devices Permit. I further understand that application for permit authorizes the inspection of all flamethrowing devices, storage areas and transportation vehicles.

Note: This application must be accompanied by:

- (a) Check or money order for the appropriate fee made payable to "CDF/State Fire Marshal. Fees submitted are nonrefundable.
- (b) A copy of applicant's driver's license,
- (c) A passport photo,
- (d) A photograph and written description of each flamethrowing device, which describes it uniquely, in possession.
- (e) Copy of applicant's Certificate of Eligibility.
- (f) Copy of applicant's Flamethrowing Device Self-Certification Form (FT2)

\_\_\_\_\_  
(Signature)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date)

**Return this form and fee to:**  
CALFIRE  
Cashier Unit/Fire Works Program  
PO Box 944246  
Sacramento, CA 94244-2460  
TEL: (916) 445-8373

OSFM USE ONLY ROC # _____ PCA 59420 CDF Source Code 125700.11
--