



California Department of Forestry and Fire Protection
Office of the State Fire Marshal

CSFM USE ONLY:

ROC #:

DATE:

APPLICATION FOR PYROTECHNIC LICENSE

INSTRUCTIONS:

1. Complete application (front and reverse). Please print in ink or type. Illegible or incomplete applications will be returned. NOTE: This form must be signed by the applicant. Allow 4-6 weeks to process applications.
2. Submit a complete application, any required documentation and check or money order for the appropriate fee.

CDF/STATE FIRE MARSHAL
ATTN: CASHIER/FIREWORKS PROGRAM
P.O. BOX 997446
SACRAMENTO, CA 95899-7446

PART I: Check one:

- | | | |
|--|---|---|
| <input type="checkbox"/> Public Display (General) \$1,500.00 | <input type="checkbox"/> Emergency Signaling Device \$50.00 | <input type="checkbox"/> Importer/Exporter \$4,500.00 |
| <input type="checkbox"/> Public Display (Special) \$350.00 | <input type="checkbox"/> Manufacturer \$1,500.00 | <input type="checkbox"/> Model Rocket Motors \$500.00 |
| <input type="checkbox"/> Public Display (Limited) \$200.00 | <input type="checkbox"/> Wholesaler \$3,000.00 | <input type="checkbox"/> Party Popper/Snap Cap Distributor \$750.00 |
| <input type="checkbox"/> Agriculture/Wildlife \$500.00 | <input type="checkbox"/> High Power Rocket \$1,500.00 | <input type="checkbox"/> High Power Rocket Retailer \$500.00 |
| | | <input type="checkbox"/> Model Rocket Motors (Device) \$50.00 |

PART II: Corporation/Partnership Information:

FIRM NAME: _____

ADDRESS: _____
Street/P.O.Box

City/State/Zip: _____

SIGNATURES: Each partner shall sign Application made by a partnership. Application made by a corporation shall be signed by an officer of the corporation and bear the Seal of the corporation. Pursuant to Health & Safety Code §12583, the authorization to engage in the particular acts conferred by a license to a person shall extend to salesmen or other employees or such person who are registered with the State Fire Marshal.

Signature: _____ Date: _____

Signature: _____ Date: _____

PART III: Application Information:

NAME: _____

Alias/AKA _____ DRIVERS LICENSE: _____

PLACE OF BIRTH: _____ DATE OF BIRTH: / /

PHYSICAL ADDRESS: _____ STATE: _____ ZIP: _____
City/State

MAILING ADDRESS: _____ STATE: _____ ZIP: _____

TELEPHONE: () _____

(SEE REVERSE)

PART IV: Applicants for GENERAL, SPECIAL and LIMITED PUBLIC DISPLAY LICENSES MUST COMPLETE THE FOLLOWING:

Location of Display: _____

INSURANCE REQUIREMENTS:

A Certificate of Insurance must be filed with this application which complies with the following requirements (Refer to Section 993, Title 19 and 12611, California Health & Safety Code.)

1. The deductible (if any), may not exceed fifteen thousand dollars (\$15,000.)
2. Limits of bodily injury and property damage may not be less than one million dollars (\$1,000,000.) for combined single limits for each occurrence annually.
3. A statement must be included that the insurer will not cancel the insured's coverage without notifying the State Fire Marshal in writing at least 15 days before cancellation.
4. The licensed pyrotechnic operator supervising/discharging the display and the State of California, its officers, agents, employees and servants must be included as additional insured.
5. The State of California shall not be responsible for any premiums or assessments on the policy.

CERTIFICATION: (ALL)

I certify under penalty of perjury that all information provided on this form is accurate and truthful. I am reasonably familiar with the provisions of Health and Safety Code §12500 et seq., and the current regulations of the California State Fire Marshal pertaining to the sale and use of fireworks and I will observe such laws and regulations if granted a license.

I am aware of the provisions of Labor Code §3700, which requires every employee to be insured against liability of workmen's compensation.

I certify that I have not been convicted of a felony involving explosives or dangerous fireworks. Once validated, as a licensee, I will uphold the laws and regulations governing the public display of fireworks.

Signature: _____ Date: _____

Printed Name: _____