



APPLICATION FOR PYROTECHNIC OPERATOR

INSTRUCTIONS:

1. Application must be completed in ink or typed. Illegible or incomplete applications will be returned. **Return completed application, any required documentation (see reverse) and appropriate fee.**
2. Fingerprints require 4 to 8 weeks to process. There is a **\$37.00** fingerprint processing charge for new applications. **Please make sure to add this fee when submitting a new application.**
3. After evaluation and processing, if eligible, you will receive written notification and must take the examination within 30 days from the date of your Notification of Eligibility.

CHECK ONE:

- | | | |
|-------------------------------------------------------------|------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Special Effects 1st Class \$250.00 | <input type="checkbox"/> Basic Commercial \$125.00 | <input type="checkbox"/> Rocket 1st Class \$50.00 |
| <input type="checkbox"/> Special Effects 2nd Class \$200.00 | <input type="checkbox"/> Theatrical Trainee \$100.00 | <input type="checkbox"/> Rocket 2nd Class \$50.00 |
| <input type="checkbox"/> Special Effects 3rd Class \$100.00 | <input type="checkbox"/> Theatrical \$200.00 | <input type="checkbox"/> Rocket 3rd Class \$50.00 |
| <input type="checkbox"/> Restricted Commercial \$50.00 | <input type="checkbox"/> Performer \$125.00 | |

APPLICANTS NAME: _____

PHYSICAL ADDRESS: _____
Street

City/State/Zip

MAILING ADDRESS: _____
Street/P.O. Box

City/State/Zip

TELEPHONE: (____) _____ (____) _____ (____) _____
Home Work Pager

DATE OF BIRTH: ____/____/____ **PLACE OF BIRTH:** _____
City/State

DRIVER'S LICENSE OR IDENTIFICATION NUMBER: _____ **STATE:** _____

DESCRIPTION: **HT:** _____ **WT:** _____ **HAIR:** _____ **EYES:** _____

DISABILITIES: _____

PRESENT EMPLOYER: _____ **HOW LONG:** _____

EMPLOYER ADDRESS: _____ **TELEPHONE:** (____) _____
Street

City/State/Zip

RETURN TO: CAL FIRE/STATE FIRE MARSHAL
ATTN: CASHIER/FIREWORKS PROGRAM
P.O. Box 997446
Sacramento, CA 95899-7446

DOCUMENTATION REQUIREMENTS

TRAINING/EXPERIENCE

1. Indicate all pyrotechnic related courses studied, duration and date completed. **Use additional sheets if necessary.**
2. Describe all experience relating to the license classification applied for. Begin with most recent experience that you believe meets the requirements. **Use additional sheets if necessary.**
Please be specific. _____

NOTE:

Basic Commercial: **Attach 8 Post Display Reports.** It is imperative that you insure that your name is listed as an assistant on all Post-Display Reports for shows on which you have worked.

Special Effects (Upgrades): Submit a complete copy of your pyrotechnic log when upgrading. These logs must have the name and license number of pyrotechnician in charge of each show.

Special Effects 1st Class and **Theatrical License Upgrades** also require an oral and practical interview.

TRAINING/EXPERIENCE: Please write legibly.

I certify under penalty of perjury that all statements, answers and representations made herein, including all supplementary statements attached hereto, are true and accurate.

Date: _____

Applicant Name (Print or Type): _____

Applicants Signature: _____