



OFFICE OF THE STATE FIRE MARSHAL FIREWORKS SEIZURE FORM

Send Completed Form via Email or US Post to:

CAL FIRE – Office of the State Fire Marshal
Arson & Bomb Unit
1131 'S' Street, Sacramento, CA 95811
fireworks@fire.ca.gov

AND

**** Bring a copy of this form with you to the collection site. Seized Fireworks will not be accepted without this form****

AGENCY NAME:	AGENCY PHONE #:	AGENCY REPORT/CITATION#:
AGENCY ADDRESS:	CITY:	ZIP CODE:
EMAIL ADDRESS:	SUBMITTED BY: (Print Name & Title)	PHONE #:

Health & Safety Code Section 12723 requires the authority seizing any fireworks under the provisions of this chapter to notify the State Fire Marshal not more than three days following the date of seizure. The following questions need to be addressed:

DATE OF SEIZURE:	REASON FOR SEIZURE [H&S 12721]:		
TYPE OF FIREWORKS [H&S 12722]: *Safe-n-Sane <small>[Title 19 986.6]</small>	GROSS WEIGHT:	LOCATION OF STORED FIREWORKS:	
DATE OF SEIZURE:	REASON FOR SEIZURE [H&S 12721]:		
TYPE OF FIREWORKS [H&S 12722]: Dangerous <small>[H&S 12505]</small>	GROSS WEIGHT:	LOCATION OF STORED FIREWORKS:	

**INCLUDES SNAP CAPS AND PARTY POPPERS*

Submitter's Signature

Date