



OFFICE OF THE STATE FIRE MARSHAL FIREWORKS SEIZURE FORM

Send Completed Form via Email to: fwx@fire.ca.gov

Or US Post to: CAL FIRE – Office of the State Fire Marshal
Fire Engineering & Investigations Division, 1131 ‘S’ Street,
Sacramento, CA 95811

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 #:

Notify the State Fire Marshal not more than three days following the date of seizure. Provide the following information along with a copy of the citations and pictures of seized fireworks:

DATE OF SEIZURE:	REASON FOR SEIZURE:		
TYPE OF FIREWORKS:	GROSS WEIGHT:	LOCATION OF STORED FIREWORKS:	
DATE OF SEIZURE:	REASON FOR SEIZURE:		
TYPE OF FIREWORKS:	GROSS WEIGHT:	LOCATION OF STORED FIREWORKS:	

Submitter's Signature

Date