



**Department of Public Safety  
STATE FIRE MARSHAL'S OFFICE**

52 State House Station  
Augusta, ME 04333-0052  
Tel. (207) 626- 3880 Fax: (207) 287-6251



**APPLICATION FOR FIREWORKS TECHNICIAN LICENSE**  
APPLICANT MUST FILL OUT ALL REQUIRED INFORMATION BELOW

- NEW LICENSE \$180.00 **Include (2) passport type photos, one inch by one inch.**
- LICENSE RENEWAL \$ 25.00 **CURRENT LICENSE #:** \_\_\_\_\_
- BACKGROUND CHECK \$ 21.00 *(Required of all Applicants)*

NAME: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
FIRST MIDDLE LAST DATE OF BIRTH

PHYSICAL ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

\_\_\_\_\_ HEIGHT CITIZENSHIP: ENDORSEMENTS:  
 \_\_\_\_\_ WEIGHT  U.S. CITIZEN  OUTDOOR DISPLAY  
 \_\_\_\_\_ COLOR OF EYES  RESIDENTIAL ALIEN  PROXIMATE AUDIENCE  
 \_\_\_\_\_ HAIR COLOR SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  FLAME EFFECTS

EMAIL ADDRESS: \_\_\_\_\_

In the past five years have you been convicted of any of the following crimes? Family Abuse, failure to meet family support obligations, 3 or more class D or class E crimes, 3 or more civil violations, or any other violation with records indicating applicant has engaged in recklessness or negligence that endangered the safety of others?

YES \_\_\_\_\_ NO \_\_\_\_\_

Have any of your previous fireworks permits or technician licenses been revoked for any reason?

YES \_\_\_\_\_ NO \_\_\_\_\_

In accordance with the provisions of R.S., Title 8, Sec 231, as amended, application is hereby made for a license to discharge, fire off or explode fireworks. A background records check will be conducted on all applicants. Misrepresentation will be grounds for automatic disapproval of license. By signing this application, the applicant is authorizing the Office of State Fire Marshal to check criminal history.

I certify, under penalty of law, that the information given in this application is correct and complete to the best of my knowledge.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

↓ DEPARTMENT OF PUBLIC SAFETY USE ONLY ↓			
FEE:	TEST GIVEN:	PERMIT #:	PERMIT ISSUED DATE:
REC'D DATE:			