



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

52 STATE HOUSE STATION
AUGUSTA, ME 04333-0052

TEL.: (207) 626-3880

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APPLICATION FOR PYROTECHNIC DISPLAY BEFORE PROXIMATE AUDIENCE

APPLICANT MUST FILL OUT ALL REQUIRED INFORMATION BELOW

NAME OF SHOW: _____

NAME OF SPONSOR: _____ TELEPHONE: _____

SPONSOR MAILING ADDRESS: _____

TOWN: _____ STATE: _____ ZIP: _____

PRINTED NAME OF RESPONSIBLE PERSON: _____ TELEPHONE: _____

SIGNATURE OF SPONSOR: _____ DATE: _____

LICENSED TECHNICIAN INFORMATION

NAME OF LICENSED TECHNICIAN FOR DISPLAY: _____ LICENSE #: _____

DRIVER'S LICENSE: _____ STATE: _____ TELEPHONE: _____ ENDORSEMENTS: _____

DISPLAY INFORMATION

TOWN: _____ COUNTY: _____

PHYSICAL ADDRESS: _____

CONTACT PERSON AVAILABLE AT THE FACILITY: _____ TELEPHONE: _____

DATE OF DISPLAY: _____ START TIME: _____ RAIN DATE & TIME: _____

DISPLAY TYPE: INDOOR OUTDOOR THIS DISPLAY IS: PUBLIC PRIVATE

COMPANY FURNISHING DISPLAY: _____ USER #: _____

THE APPLICATION SHALL BE ACCOMPANIED BY AN ACCURATE AND DETAILED PLAN OF THE EVENT AND ALL REQUIREMENTS OF NFPA 1126 AND NFPA 160
SAMPLE CHECK LIST OF INFORMATION:

- | | |
|---|---|
| 1. DIAGRAM OF THE DISCHARGE SITE | 11. MSDS SHEETS |
| 2. DIAGRAM OF THE SPECTATOR VIEWING AREA. | 12. FIRE RETARDANT CERTIFICATIONS |
| 3. DIAGRAM OF THE FALLOUT AREA | 13. MANNER AND PLACE OF STORAGE OF PRODUCTS |
| 4. DIAGRAM SHOWING ALL EFFECTS | 14. TYPES AND NUMBERS OF FLAME EFFECTS |
| 5. DIAGRAM SHALL ACCURATELY SHOW ALL DIMENSIONS OF THE EFFECTS AREA | 15. CERTIFICATION OF COSTUMES FOR FLAME RETARDANT |
| 6. QUALIFICATIONS OF THE PYROTECHNICS OPERATOR | 16. TIME AND SEQUENCE OF EFFECTS |
| 7. THE NAMES AND AGES OF ALL ASSISTANT WHO ARE TO BE PRESENT | 17. INSURANCE CERTIFICATE NAMING THE OFFICE OF STATE FIRE MARSHAL AS CERTIFICATE HOLDER |
| 8. CONFIRMATION OR ANY APPLICABLE STATE AND FEDERAL LICENSES HELD BY THE OPERATOR OR ASSISTANTS | 18. COPIES OF ALL ATF LICENSES |
| 9. THE NUMBER AND TYPES OF PYROTECNICS DEVICES | 19. ANY LP GAS LICENSES NEED FOR FLAME EFFECTS |
| 10. ANY POINT OF ON SITE ASSEMBLY OF PRODUCTS | |

BE SURE TO ADD IN ALL INFORMATION AS REQUIRED BY NFPA 160, 1126, AND 1123.

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 REC'D:	SENT TO INSPECTOR:	APPROVED BY:	PERMIT ISSUED:	___ OK TO ISSUE
DATE:	DATE:	DATE:	DATE:	FAILED ___ INSPECTION