



**APPLICATION FOR 2011 – 2013
AGRICULTURAL FIREWORKS PERMIT**
OREGON STATE POLICE
OREGON STATE FIRE MARSHAL
 License & Permits Branch
 4760 Portland Road NE
 Salem, OR 97305-1760
 (503) 934-8274 - Fax: (503) 934-8288

Permit No: _____
 New _____
 Revise _____
 Issue _____
 OSFM OFFICE USE ONLY

IMPORTANT: Application must be complete prior to submitting to the State Fire Marshal for processing.
 Incomplete applications will delay the issuance of a permit.
 The permit will be mailed/faxed and valid from date of issue until December 31, 2013.

PERMIT HOLDER INFORMATION (must be complete)

PLEASE PRINT

Company: _____
(COMPANY or ORGANIZATION TO WHOM PERMIT IS TO BE ISSUED)

Individual Representing or Self: _____ Age: _____
(INDIVIDUAL TO WHOM PERMIT IS TO BE ISSUED)

Mailing Address: _____ City: _____ State: _____ Zip: _____

Work Phone: _____ Home Phone: _____ Fax: _____

Address or Location of Crop or Site to be Protected: _____

Type of Crop or Site to be Protected: _____

Size of Crop or Site (# of acres): _____ Distance in Feet from Firing Site to Nearest Building: _____

Address for Storage of Fireworks: _____
(Storage shall be in accordance with the requirements of the current adopted edition of the Oregon Fire Code)

Signature: _____
(NOTE: By signing this application, I verify that the information is true to the best of my knowledge.)

NAME OF WHOLESALE SUPPLYING FIREWORKS:

- Western Wildlife Control (1-800-628-6529) Homeland Fireworks (1-541-473-2717)

Type of Firework	Quantity (boxes) (Per 3-Year Permit)	Type of Firework	Quantity (boxes) (Per 3-Year Permit)
15mm Cartridges	BOXES	12 Gauge Cartridges	BOXES

SIGNATURE AND INFORMATION REQUIRED

STATE or FEDERAL GAME MANAGEMENT AGENT SIGNATURE REQUIRED		FIRE DEPARTMENT NO SIGNATURE REQUIRED.	
Signature & Title of Agent:		Name of fire department that would respond to the address or location of crop or site to be protected by agricultural fireworks.	
Printed Name of Agent:		Fire Department Name:	
Agency:		Mailing Address of Fire Department:	
Address:		City, State, Zip Code:	
City, State, Zip Code:		Phone Number:	
Phone Number:	Fax Number:	Fax:	
E-Mail Address:			