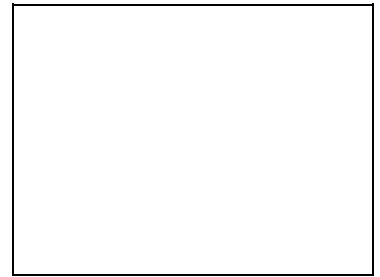




**APPLICATION FOR GENERAL FIREWORKS
DISPLAY OPERATOR CERTIFICATION**

**OREGON STATE POLICE
OFFICE OF STATE FIRE MARSHAL**
(503) 934-8274 or 8272
Fax: (503) 934-8288



MAIL APPLICATIONS :

**Office of State Fire Marshal (OSFM)
License & Permits Branch
4760 Portland Road NE
Salem OR 97305-1760**

GENERAL FIREWORKS DISPLAY means a display held outdoors using primarily Class “B” aerial fireworks. Class “C” consumer fireworks may also be used.

New Applicants must meet operator qualifications, restrictions, and certification requirements as specified in Oregon Administrative Rules (OAR) 837-012-0790.

Renewal Applicants must meet operator qualifications, restrictions, and certification requirements as specified in OAR 837-012-0800.

Complete this application and submit to OSFM 90 days prior to the date certification is needed.

**APPLICANT INFORMATION
PLEASE PRINT**

NAME: _____ ***SSN:** _____
*For identification purposes only

MAILING ADDRESS: _____
PO Box or Street Address City, State Zip

STREET ADDRESS: _____
Street Address City, State Zip

PHONE: _____ **DOB:** _____

DISPLAYS CONDUCTED

Permit numbers and duties performed are required for determination of certification or re-certification. Contact the pyrotechnician in charge of the display to obtain this information. A minimum of three displays in the three years immediately prior to date of application is required for certification/renewal. List all displays you want considered for certification or re-certification.

1. Permit No. _____

Check appropriate duties performed:

- | | |
|---------------------------------|--|
| _____ Installation of Mortars | _____ Installation of Set Piece |
| _____ Loading Shells | _____ Installation of Electrical Firing System |
| _____ Clean-Up/Inspection | _____ Tending Magazine |
| _____ Manual Firing Display | _____ Other _____ |
| _____ Electrical Firing Display | _____ Other _____ |

2. Permit No. _____

Check appropriate duties performed:

- | | |
|---------------------------------|--|
| _____ Installation of Mortars | _____ Installation of Set Piece |
| _____ Loading Shells | _____ Installation of Electrical Firing System |
| _____ Clean-Up/Inspection | _____ Tending Magazine |
| _____ Manual Firing Display | _____ Other _____ |
| _____ Electrical Firing Display | _____ Other _____ |

DISPLAYS CONDUCTED

3. Permit No. _____

Check appropriate duties performed:

<input type="checkbox"/> Installation of Mortars	<input type="checkbox"/> Installation of Set Piece
<input type="checkbox"/> Loading Shells	<input type="checkbox"/> Installation of Electrical Firing System
<input type="checkbox"/> Clean-Up/Inspection	<input type="checkbox"/> Tending Magazine
<input type="checkbox"/> Manual Firing Display	<input type="checkbox"/> Other _____
<input type="checkbox"/> Electrical Firing Display	<input type="checkbox"/> Other _____

4. Permit No. _____

Check appropriate duties performed:

<input type="checkbox"/> Installation of Mortars	<input type="checkbox"/> Installation of Set Piece
<input type="checkbox"/> Loading Shells	<input type="checkbox"/> Installation of Electrical Firing System
<input type="checkbox"/> Clean-Up/Inspection	<input type="checkbox"/> Tending Magazine
<input type="checkbox"/> Manual Firing Display	<input type="checkbox"/> Other _____
<input type="checkbox"/> Electrical Firing Display	<input type="checkbox"/> Other _____

5. Permit No. _____

Check appropriate duties performed:

<input type="checkbox"/> Installation of Mortars	<input type="checkbox"/> Installation of Set Piece
<input type="checkbox"/> Loading Shells	<input type="checkbox"/> Installation of Electrical Firing System
<input type="checkbox"/> Clean-Up/Inspection	<input type="checkbox"/> Tending Magazine
<input type="checkbox"/> Manual Firing Display	<input type="checkbox"/> Other _____
<input type="checkbox"/> Electrical Firing Display	<input type="checkbox"/> Other _____

6. Permit No. _____

Check appropriate duties performed:

<input type="checkbox"/> Installation of Mortars	<input type="checkbox"/> Installation of Set Piece
<input type="checkbox"/> Loading Shells	<input type="checkbox"/> Installation of Electrical Firing System
<input type="checkbox"/> Clean-Up/Inspection	<input type="checkbox"/> Tending Magazine
<input type="checkbox"/> Manual Firing Display	<input type="checkbox"/> Other _____
<input type="checkbox"/> Electrical Firing Display	<input type="checkbox"/> Other _____

GENERAL OPERATOR EXAMINATION

Date Completed: _____
(Required for initial certification or if your certification has expired)

TRAINING COURSE

For **initial** certification, an approved training course must be completed in the three years immediately preceding the initial application.

To **renew** certification, an approved training course must be completed between the valid date and expiration date of the current certification.

Date: _____ Location: _____ Instructor: _____

APPLICANT SIGNATURE

I hereby certify the information contained in this application to be true and correct to the best of my knowledge.

Applicant Signature

Date