



GENERAL FIREWORKS DISPLAY PERMIT Checklist

OREGON STATE FIRE MARSHAL

This checklist has been provided to assist in completing your application. It is not an all-inclusive list; it is to bring attention to the areas that are frequently overlooked.

1. Complete the application form.
 - a. Do not use “same as before” or “same as above”.
2. Include fee of \$100 via - check, money order, cashier’s check made payable to Oregon State Fire Marshal.
3. You need at least one assistant.
4. A person with a limited certificate cannot complete a general display.
5. Mail the completed package to **the PO Box listed** on the application.
 - Completed Application
 - i. Please include an email address for quicker delivery of the permit.
 - Payment
 - Map
 - Must be postmarked at least 15 days prior to your event date.
 - Oregon State Fire Marshal
Regulatory Services Division – Fireworks Program
P.O. Box 4395 Unit 09
Portland, OR 97208-4395



GENERAL FIREWORKS DISPLAY PERMIT APPLICATION

OREGON STATE FIRE MARSHAL

PAYMENTS AND APPLICATIONS MAILED ONLY TO:

Oregon State Fire Marshal
Regulatory Services Division – Fireworks Program
P.O. Box 4395 Unit 09
Portland, OR 97208-4395

Checks, Money Orders and Cashier's Checks must be made payable to:
Oregon State Fire Marshal

CONTACT INFORMATION:

Oregon State Fire Marshal
Regulatory Services Division – Fireworks Program
Phone: 971-375-3558
Fax: 503-373-1825
Email: OSFM.LP@OSFM.Oregon.gov

Important: COMPLETED APPLICATION AND \$100 FEE MUST BE POSTMARKED 15 DAYS PRIOR TO THE DATE OF THE PROPOSED DISPLAY. See OAR 837-012-0700 through 837-012-0845 and 837-012-0021 for complete requirements. A separate application must be submitted for each display. If sending overnight, please verify with your mail carrier if they will deliver to a P.O. Box. For more information, please visit our website at <https://www.oregon.gov/osfm/education/pages/fireworks.aspx>
All sections must be completed. Do not use the word "SAME".

APPLICANT SPONSOR NAME _____

ADDRESS

STREET ADDRESS

CITY

STATE

ZIP

BUSINESS PHONE _____

HOME PHONE _____

FAX # _____

EMAIL _____

NAME OF PERSON COMPLETING APPLICATION _____

PRINTED

SIGNATURE

ADDRESS

STREET ADDRESS

CITY

STATE

ZIP

BUSINESS PHONE _____

HOME PHONE _____

FAX # _____

EMAIL _____

DISPLAY INFORMATION

DATE OF DISPLAY _____

TIME OF DISPLAY _____

CHECK ONE:

LAND DISPLAY

BARGE DISPLAY

BARGE DIMENSIONS IN FEET ____X____

CHECK ALL THAT APPLY:

FIRE ELECTRICALLY

FIRED MANUALLY

DISPLAY ADDRESS

STREET ADDRESS

CITY

STATE

ZIP

NAME OF WHOLESALER

GENERAL WHOLESALER _____

LIMITED WHOLESALER _____

GENERAL FIREWORKS

Type of Fireworks	Qty	Type of Fireworks	Qty	Type of Fireworks	Qty

LIMITED FIREWORKS

Type of Fireworks	Qty	Type of Fireworks	Qty	Type of Fireworks	Qty

SPECIAL EFFECT FIREWORKS

Type of Fireworks	Qty	Type of Fireworks	Qty	Type of Fireworks	Qty

OPERATOR AND ASSISTANT INFORMATION

DISPLAY OPERATOR

NAME _____ PHONE _____ AGE _____

ADDRESS _____
STREET ADDRESS CITY STATE ZIP

CERTIFICATION # _____

OPERATOR ASSISTANT (Minimum of one assistant is required for each display)

NAME _____ PHONE _____ AGE _____

ADDRESS _____
STREET ADDRESS CITY STATE ZIP

FIREWORKS STORAGE SITE - INFORMATION AND SIGNATURES FIREWORKS STORAGE ADDRESS PRIOR TO THE DISPLAY

STREET ADDRESS CITY STATE ZIP
Storage Facility Magazine Type _____ List all Dates Fireworks will be at Storage Address _____

NOTE: If fireworks are delivered direct to the display site, indicate the date they will be delivered _____

FIRE AUTHORITY SIGNATURE FOR STORAGE LOCATION

Dept Name _____

STREET ADDRESS CITY STATE ZIP
Phone# _____ FAX# _____ Email _____

Authorized Signature _____ Print Name _____
Site Inspection Conducted Yes No Date _____ Inspector Signature _____

COMMENTS:

FIREWORKS DISPLAY SITE SIGNATURES

FIRE AUTHORITY AND LAW ENFORCEMENT SIGNATURES FOR DISPLAY SITE

FIRE AUTHORITY	LAW ENFORCEMENT
Dept Name _____	Dept Name _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone _____ Fax _____	Phone _____ Fax _____
Email _____	Email _____
Authorized Signature _____	Authorized Signature _____
Print Name _____	Print Name _____
Site Inspection Conducted <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____	Site Inspection Conducted <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____
Inspector Signature _____	Inspector Signature _____

Comments:

MAP INFORMATION

ATTACH A SEPARATE SHEET OF PAPER WITH A DETAILED MAP OF THE DISPLAY SITE SHOWING THE FOLLOWING:

1. **Fall-Out Area:** the area over which aerial shells are fired. The shells burst over this area, and unsafe debris and malfunctioning aerial shells fall into this area. The fall-out area is the location where a typical aerial shell dud will fall to the ground considering wind and the angle of mortar placement. At a minimum, the fall-out area shall be the required separation distance based on the table of distances as required in OAR 837-12-850.
2. **Discharge Site:** the area immediately surrounding the area where fireworks are ignited for an outdoor display. Include all dimensions of the discharge site.
3. **Display Site:** the immediate area where a fireworks display is conducted and shall include the discharge site, the fallout area, and the required separation distance from the fireworks discharge site to spectator viewing areas. The display site does not include spectator viewing areas or vehicle parking areas.
4. **Distance:** from the outside measurement of the discharge site to spectators, overhead obstructions, buildings, highways, parking areas. Show distances in feet.