



## **LIMITED 1.4G FIREWORKS** **DISPLAY PERMIT APPLICATION** **CHECKLIST**

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”, “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. Please include your email address for quicker permit response.
4. See OAR 837-012-0700 through 837-012-0845 and 837-012-0021 for complete requirements.
5. A separate application must be submitted for each display.
6. Application must be postmarked **15 days prior to your event**.
7. If sending overnight, please verify with your mail carrier if they will deliver to a P.O. Box.
8. Mail the completed package to **the PO Box listed** on the application.
  - Completed Application
  - 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**



## **LIMITED 1.4G FIREWORKS** **DISPLAY PERMIT APPLICATION**

### **OREGON STATE FIRE MARSHAL**

#### **PAYMENT 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: 503-378-3473**  
**Fax: 503-373-1825**  
**Email: [OSFM.LP@OSFM.Oregon.gov](mailto: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 Code

BUSINESS PHONE #.

HOME PHONE #.

FAX #.

E-MAIL

NAME OF PERSON COMPLETING APPLICATION \_\_\_\_\_

Signature

Printed

ADDRESS \_\_\_\_\_

Street Address

City

State

Zip Code

BUSINESS PHONE #.

HOME PHONE #.

FAX #.

E-MAIL

DATE OF DISPLAY \_\_\_\_\_ TIME OF DISPLAY \_\_\_\_\_

DISPLAY ADDRESS \_\_\_\_\_

Street Address

City

State

Zip Code

### **LIMITED FIREWORKS**

Type of Fireworks	Carton Quantity	Type of Fireworks	Carton Quantity	Type of Fireworks	Carton Quantity

#### **NAME OF WHOLESALE:**

### **OPERATOR AND ASSISTANT INFORMATION**

#### **DISPLAY OPERATOR**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

Street Address

City

State

Zip Code

CERTIFICATION NO. \_\_\_\_\_

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

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street Address City State Zip Code

**COMPLETE 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 point of discharge to spectators, overhead obstructions, buildings, highways, parking areas. Show distances in feet.

**MAP AREA - SHOW ALL DISTANCES**

**N**

# 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 Code _____	City _____ State _____ Zip Code _____
Phone# _____ FAX# _____	Phone# _____ FAX# _____
E-Mail _____	E-Mail _____
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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## FIREWORKS STORAGE SITE INFORMATION AND SIGNATURES

### FIREWORKS STORAGE ADDRESS PRIOR TO THE DISPLAY

Street Address _____	City _____	State _____	Zip Code _____
Storage Facility Magazine Type _____ List all Dates Fireworks will be at Storage Address _____			
<b>NOTE:</b> If fireworks are delivered direct to the display site, indicate the date they will be delivered _____			

### FIRE AUTHORITY SIGNATURE FOR STORAGE LOCATION

Dept. Name _____			
Address _____			
Street or PO Box _____	City _____	State _____	Zip Code _____
Phone# _____	FAX# _____	E-Mail _____	
Authorized Signature _____		Print Name _____	
Site Inspection Conducted <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ Inspector Signature _____			

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_