



## SPECIAL EFFECTS DISPLAY PERMIT 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”.
  - b. Include your email address for faster response time.
2. Include fee of \$100 via - check, money order, cashier’s check made payable to Oregon State Fire Marshal.
3. Please make sure it is postmarked **15 days prior** to the event date.
4. Attach a separate sheet of paper with detailed map.
5. Mail the completed package to **the PO Box listed** on the application.
  - Completed Application
  - Payment
  - Copy of driver’s license
  - Copy of Pyrotechnician certificate
  - Copy of the event insurance
  - Map
  - Oregon State Fire Marshal  
Regulatory Services Division – Fireworks Program  
P.O. Box 4395 Unit 09  
Portland, OR 97208-4395



# SPECIAL EFFECTS 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 or 971-372-0458  
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 SPECIAL EFFECTS 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	

**SPECIAL EFFECTS FIREWORKS**

Special Effects Materials	Quantity	Special Effects Materials	Quantity	Special Effects Materials	Quantity

**NAME OF WHOLESALER:****OPERATOR AND ASSISTANT INFORMATION**

<b>SPECIAL EFFECTS OPERATOR</b>		
NAME _____	PHONE _____	AGE _____
ADDRESS _____		
Street Address		City
		State
Zip Code		

<b>OPERATOR ASSISTANT (Minimum of one assistant is required for each display)</b>		
NAME _____	PHONE _____	AGE _____
ADDRESS _____		
Street Address		City
		State
Zip Code		

**COMPLETE A DETAILED MAP OF THE DISPLAY SITE SHOWING THE FOLLOWING:**

**FOLLOWING: LOCATION OF SPECTATORS, SPECIAL EFFECTS MATERIALS, BUILDINGS, STAGES, OVERHEAD OBSTRUCTIONS, CREW MEMBERS, AND ANY OTHER INFORMATION THAT MAY BE PERTINENT TO DETERMINING WHETHER A PERMIT WILL BE ISSUED. SHOW THE DISTANCES BETWEEN ALL ITEMS REQUESTED AND THE SPECIAL EFFECTS DETONATION SITES.**

**DIAGRAM**

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 _____		City _____		State _____	
Zip Code _____		Zip Code _____		Zip Code _____		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 \_\_\_\_\_

**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 \_\_\_\_\_

Address \_\_\_\_\_

Street or PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone# \_\_\_\_\_ FAX# \_\_\_\_\_ E-Mail \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Site Inspection Conducted  Yes  No Date \_\_\_\_\_ Inspector Signature \_\_\_\_\_

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