



GENERAL 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.
2. Do not use "same as before" or "same as above".
3. Include fee of \$100 via - check, money order, cashier's check
Made payable to Oregon State Fire Marshal.
4. You need at least one assistant.
5. A person with a limited certificate cannot complete a general display.
6. Mail the completed package to **the PO Box listed** on the application.

Completed Applications will include:

- An email address for quicker delivery of the permit.
- Full Payment
- Completed Map
- Shall 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 TO:

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

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

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

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 _____				
PRINT				
NAME OF PERSON COMPLETING APPLICATION _____				
			SIGNATURE	DATE
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	Classification	Type of Fireworks	Qty	Classification

LIMITED FIREWORKS

Type of Fireworks	Qty	Classification	Type of Fireworks	Qty	Classification

SPECIAL EFFECT FIREWORKS

Type of Fireworks	Qty	Classification	Type of Fireworks	Qty	Classification

OPERATOR AND ASSISTANT INFORMATION

DISPLAY OPERATOR

NAME _____ PHONE _____ AGE _____

ADDRESS _____

Street Address

City

State

Zip Code

Certification # _____

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

NAME _____ PHONE _____ AGE _____

ADDRESS _____

Street Address

City

State

Zip Code

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 Site Inspection Date: _____

Inspector Signature: _____ Signature Date: _____

COMMENTS:

FIREWORKS DISPLAY SITE SIGNATURES

FIRE AUTHORITY AND LAW ENFORCEMENT SIGNATURES FOR DISPLAY SITE

Fire Authority

Dept. Name _____

Address _____

City State Zip Code

Phone# _____ FAX# _____

E-Mail _____

Authorized Signature: _____

Print Name _____

Law Enforcement

Dept. Name _____

Address _____

City State Zip Code

Phone# _____ FAX# _____

E-Mail _____

Authorized Signature: _____

Print Name _____

Site Inspection Information

Inspection Conducted / or Scheduled ☐ Yes ☐ No

Site Inspection Date: _____

Inspection Acknowledgment

Signature: _____

Signature Date: _____

Site Inspection Information

Inspection Conducted / or Scheduled ☐ Yes ☐ No

Site Inspection Date: _____

Inspection Acknowledgment

Signature: _____

Signature Date: _____

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.