



## **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 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

**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)**

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 INFORMATION**

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 \_\_\_\_\_

## Display Information

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

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

## LIMITED FIREWORKS – Add a duplicate page if you need additional space.

Product	Classification	Quantity	Product	Classification	Quantity

**Product Name** is typically "Comet" "Gerb" Etc., **Classification** is typically 1.3G, 1.4g/s Etc. **Quantity** is the number of items.

**Name of Wholesaler:**

## 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

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:** \_\_\_\_\_  
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# 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:** \_\_\_\_\_  
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