



SPECIAL EFFECTS DISPLAY PERMIT

APPLICATION

OREGON STATE FIRE MARSHAL
REGULATORY SERVICES DIVISION
FIREWORKS PROGRAM

MAIL CHECKS AND APPLICATIONS 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

IMPORTANT: **COMPLETED APPLICATION AND FEE MUST BE RECEIVED BY THE STATE FIRE MARSHAL AT A MINIMUM OF 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. Please print clearly. A separate permit will be issued and returned to the applicants by the 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.

- You must provide a complete application.
 - Do not use "same as before" or "same as above".
 - Please include an email address for quicker delivery of the permit.
 - One display time and date per application. Applications with multiple display times and dates may be rejected.
- Fee of \$100 via – Online, check, money order, cashier's check made payable to Oregon State Fire Marshal.
- Large packets with additional documents may be rejected.

Completed Application Includes

- Payment (Online or mailed)
- The application is required to accompany the payment
- Map shall be on the form provided by our office.
- Copy of the Pyrotechnician Certification
- Copy of Insurance
- Copy of all applicable Driver's Licenses

APPLICANT INFORMATION

APPLICANT SPONSOR NAME _____

ADDRESS _____

Street Address

City

State

Zip Code

BUSINESS PHONE # _____ **HOME PHONE#** _____

E-MAIL : _____

NAME OF PERSON COMPLETING APPLICATION _____

Signature

Printed

ADDRESS _____

Street Address

City

State

Zip Code

BUSINESS PHONE # _____ **HOME PHONE #** _____

E-MAIL : _____

Display Information

NAME OF DISPLAY (Optional): _____

DATE OF DISPLAY _____ TIME OF DISPLAY _____

DISPLAY ADDRESS _____

Street Address City State Zip Code

NAME OF WHOLESALE:

SPECIAL EFFECTS FIREWORKS – Add a duplicate page if you need more space.

Product Name	Classification	Quantity	Product Name	Classification	Quantity

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

OPERATOR AND ASSISTANT INFORMATION

SPECIAL EFFECTS OPERATOR

NAME _____ PHONE _____ AGE _____

ADDRESS _____

Street Address City State Zip Code

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

NAME _____ PHONE _____ AGE _____

ADDRESS _____

Street Address City State Zip Code

THE FOLLOWING IS REQUIRED: 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

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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: _____

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: _____

