



Pest Control Fireworks **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. One application per property or contiguous properties.
2. Application must be complete prior to submitting to the State Fire Marshal for processing.
3. Please include your email address for faster response time.
4. Incomplete applications will delay the issuance of a permit.
5. The permit will be mailed/faxed or emailed once complete.
6. Complete the application form.
 - a. Do not use "Same:", "same as before" or "same as above".
7. Mail or email the **completed package** to our office listed below.
 - Mail
Oregon State Fire Marshal

Regulatory Services Division – Fireworks Program
3991 Fairview Industrial Dr. SE
Salem, OR 97302

- Email [**OSFM.LP@OSFM.Oregon.gov**](mailto:OSFM.LP@OSFM.Oregon.gov)



Pest Control Fireworks Permit Application

OREGON STATE FIRE MARSHAL

MAIL APPLICATIONS TO:

Oregon State Fire Marshal
Regulatory Services Division – Fireworks Program
3991 Fairview Industrial Dr. SE
Salem, OR 97302

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

PLEASE NOTE: One application per property or contiguous properties. Application must be complete prior to submitting to the State Fire Marshal for processing. Incomplete applications will delay the issuance of a permit. The permit will be mailed/faxed or emailed.

PLEASE PRINT OR TYPE

PERMIT HOLDER INFORMATION							
1. PROPERTY OWNER <small>(PERSON OR COMPANY)</small>							
2. ADDRESS(ES) OF SITE(S) TO BE PROTECTED: <small>(Address, City, State, Zip & County)</small>							
3. PERSON HAVING RESPONSIBLE CHARGE FOR ABOVE SITE(S):						AGE:	
MAILING ADDRESS FOR ABOVE PERSON: <small>(Address, City, State, Zip)</small>							
PHONE :		FAX:		EMAIL:			
4. TYPE OF PROPERTY TO BE PROTECTED:		<input type="checkbox"/> FARM	<input type="checkbox"/> AIRPORT	<input type="checkbox"/> FORREST	<input type="checkbox"/> GOLF COURSE	<input type="checkbox"/> ESTUARY	<input type="checkbox"/> WASTE OR RECYCLING FACILITY
		<input type="checkbox"/> USED FOR PRODUCTION OF COMMERCIALY VALUABLE FISH OR SEAFOOD				<input type="checkbox"/> OUTSIDE OF AN INCORPORATED CITY	
5. DESCRIPTION OF ACTIVITIES TO BE DETERRED AND TYPE(S) OF ANIMAL(S) TARGETED <small>(e.g. "Damage to crops by geese.")</small>							
6. STORAGE ADDRESS FOR FIREWORKS: <small>(Address, City, State, Zip & County)</small>							
7. FIRE AUTHORITY NAME WITH JURISDICTION OVER USE AND STORAGE LOCATIONS:							
8. LICENSED FIREWORKS WHOLESALER		See website for current list of licensed fireworks wholesalers at: https://www.oregon.gov/osfm/Pages/Fireworks-.aspx					
IMPORTANT: BY SIGNING THIS APPLICATION, I VERIFY THE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THIS PERMIT ONLY AUTHORIZES THE USE OF PEST CONTROL FIREWORKS (AS DEFINED IN OAR 837-012-0315) AT THE IDENTIFIED LOCATIONS TO DETER THE ANIMAL(S) AND ACTIVITY OR ACTIVITIES DESCRIBED ABOVE. I UNDERSTAND I AM RESPONSIBLE FOR ENSURING COMPLIANCE WITH ALL OTHER FEDERAL, STATE OR LOCAL REGULATIONS REGARDING USE AND STORAGE OF PEST CONTROL FIREWORKS. I UNDERSTAND THAT IF PEST CONTROL FIREWORKS ARE NEEDED AT A LOCATION DIFFERENT THAN WHAT IS LISTED ON THIS APPLICATION, OR TO ADDRESS ANIMALS OR ACTIVITIES NOT IDENTIFIED ON THIS APPLICATION, I MUST FIRST CONTACT THE OFFICE OF STATE FIRE MARSHAL TO OBTAIN A NEW PERMIT OR HAVE THIS ONE REVISED. I UNDERSTAND THAT ONLY MY EMPLOYEES (AT LEAST 18 YEARS OF AGE) AND I MAY DISCHARGE PEST CONTROL FIREWORKS.							
APPLICANT'S SIGNATURE:						DATE:	