

# Oregon Office of State Fire Marshal

## REGULATORY SERVICES DIVISION FIREWORKS PROGRAM

### PEST CONTROL FIREWORKS PERMIT APPLICATION FOR 2020 – 2022



FOR OSFM OFFICE USE ONLY: PERMIT NO: A \_\_\_\_\_  
 NEW  REVISE  ISSUE

Email applications to: [SFM.LP@OSP.OREGON.GOV](mailto:SFM.LP@OSP.OREGON.GOV) (preferred)

Fax applications to: (503) 373-1825

For questions, call (503) 934-8272 or (503) 934-8274

Mail to: Office of State Fire Marshal  
 Regulatory Services Division – Fireworks Program  
 3565 Trelstad Ave SE, Salem, OR 97317

**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 and is valid from date of issue until December 31, 2022. **PLEASE PRINT OR TYPE**

#### PERMIT HOLDER INFORMATION

1. PROPERTY OWNER (PERSON OR COMPANY)			
2. ADDRESS(ES) OF SITE(S) TO BE PROTECTED: (Address, City, State, Zip & County)			
3. PERSON HAVING RESPONSIBLE CHARGE FOR ABOVE SITE(S):		AGE:	
MAILING ADDRESS FOR ABOVE PERSON: (Address, City, State, Zip)			

PHONE:		FAX:		EMAIL:	
4. TYPE OF PROPERTY TO BE PROTECTED:	<input type="checkbox"/> FARM	<input type="checkbox"/> FOREST	<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 (e.g. "Damage to crops by geese.")	
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6. STORAGE ADDRESS FOR FIREWORKS: (Address, City, State, Zip & County)	
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7. FIRE AUTHORITY NAME WITH JURISDICTION OVER USE AND STORAGE LOCATIONS:	
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8. LICENSED FIREWORKS WHOLESALER	See website for current list of licensed fireworks wholesalers at: <a href="https://www.oregon.gov/osp/programs/sfm/Pages/Fireworks.aspx#list">https://www.oregon.gov/osp/programs/sfm/Pages/Fireworks.aspx#list</a>
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**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:	
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