

 **REGULATORY SERVICES DIVISION**

 **FIREWORKS PROGRAM**

 **PEST CONTROL FIREWORKS PERMIT**

 **APPLICATION FOR 2020 – 2022**

FOR OSFM OFFICE USE ONLY: PERMIT NO: a\_\_\_\_\_\_\_\_\_

NEW REVISE ISSUE

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| **Email applications to:** 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 MarshalRegulatory Services Division – Fireworks Program3565 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) |       |
| 1. **ADDRESS(es) OF SITE(s)**

**TO BE PROTECTED:****(**Address, City, State, Zip & County) |       |
| 1. **PERSON**

**HAVING RESPONSIBLE CHARGE FOR ABOVE SITE(S):** |       | **AGE:** |     |
| **MAILING ADDRESS** **FOR ABOVE PERSON:**(Address, City, State, Zip) |       |
| **PHONE:** |       | **FAX:**  |       | **EMAIL:** |       |
| 1. **TYPE OF property TO BE PROTECTED:**
 | **[ ]**  | Farm | **[ ]**  | Forest | **[ ]**  | GolfCourse | **[ ]**  | Estuary | **[ ]**  | WASTE OR RECYCLYING FACILITY |
| **[ ]**  | USED FOR PRODUCTION OF COMMERCIALLY VALUABLE FISH OR SEAFOOD | **[ ]**  | 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.”) |       |
| 1. **sTORAGE ADDRESS FOR FIREWORKS:**

(Address, City, State, Zip & County) |       |
| 1. **fIRE AUTHORITY NAME**

**WITH JURISDICTION OVER USE AND STORAGE LOCATIONS:** |       |
| 1. **Licensed fireworks wholesaler**
 |       |
| **See website for current list of licensed fireworks wholesalers at:** <https://www.oregon.gov/osp/programs/sfm/Pages/Fireworks.aspx#list>  |
| **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:** |       |