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|  | | **APPLICATION FOR GENERAL FIREWORKS**  **DISPLAY OPERATOR CERTIFICATION**  Oregon State Fire Marshal  Regulatory Services Division  Fireworks Program | 🞎 NEW APPLICATION  🞎 RENEWAL APPLICATION |
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| Please submit application by one of the following options:  **Email (preferred)**: [SFM.LP@OSFM.oregon.gov](mailto:SFM.LP@OSFM.oregon.gov)  Mail: Oregon State Fire Marshal  Regulatory Services Division – Fireworks Program  3991 Fairview Industrial Drive SE  Salem, OR 97302  Fax: 503-373-1825  Questions: 503-934-8274 or 503-934-8272 | | |
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GENERAL Fireworks DISPLAY means a display held outdoors using primarily Class “B” aerial fireworks.   
Class “C” consumer fireworks may also be used.

New applicants must meet operator qualifications, restrictions, and certification requirements as specified in Oregon Administrative Rules (OAR) 837-012-0790. Renewal Applicants must meet operator qualifications, restrictions, and certification requirements as specified in OAR 837-012-0800.

Complete this application and submit to OSFM 90 days prior to the date certification is needed.

APPLICANT INFORMATION - PLEASE PRINT

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:

PO Box or Street Address City, State Zip

street Address:

Street Address City, State Zip

Phone: DOB:

DISPLAYS CONDUCTED

Permit numbers and duties performed are required for determination of certification/renewal. Contact the pyrotechnician in charge of the display to obtain this information. A minimum of three displays in the three years immediately prior to date of application is required for certification/renewal. List all displays you want considered for certification/renewal.

1. Permit No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Display:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check appropriate duties performed:

Installation of Mortars Installation of Set Piece

Loading Shells Installation of Electrical Firing System

Clean-Up/Inspection Tending Magazine

Manual Firing Display Other

Electrical Firing Display Other

2. Permit No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Display:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check appropriate duties performed:

Installation of Mortars Installation of Set Piece

Loading Shells Installation of Electrical Firing System

Clean-Up/Inspection Tending Magazine

Manual Firing Display Other

Electrical Firing Display Other

DISPLAYS CONDUCTED

3. Permit No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Display:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check appropriate duties performed:

Installation of Mortars Installation of Set Piece

Loading Shells Installation of Electrical Firing System

Clean-Up/Inspection Tending Magazine

Manual Firing Display Other

Electrical Firing Display Other

4. Permit No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Display:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check appropriate duties performed:

Installation of Mortars Installation of Set Piece

Loading Shells Installation of Electrical Firing System

Clean-Up/Inspection Tending Magazine

Manual Firing Display Other

Electrical Firing Display Other

5. Permit No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Display:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check appropriate duties performed:

Installation of Mortars Installation of Set Piece

Loading Shells Installation of Electrical Firing System

Clean-Up/Inspection Tending Magazine

Manual Firing Display Other

Electrical Firing Display Other

6. Permit No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Display:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check appropriate duties performed:

Installation of Mortars Installation of Set Piece

Loading Shells Installation of Electrical Firing System

Clean-Up/Inspection Tending Magazine

Manual Firing Display Other

Electrical Firing Display Other

GENERAL OPERATOR Examination

Date Completed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Required for initial certification or if your certification has expired)

Training Course

For initial certification, an approved training course must be completed in the three years immediately preceding the initial application.

To renew certification, an approved training course must be completed between the valid date and expiration date of the current certification.

Date:\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT SIGNATURE

I hereby certify the information contained in this application to be true and correct to the best of my knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature Date