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|  | | APPLICATION FOR LIMITED 1.4G  FIREWORKS DISPLAY PERMIT  OREGON STATE FIRE MARSHAL | | Fee: $100 0231  OSFM OFFICE USE ONLY |
| Mail Checks and Applications to:  Oregon State Fire Marshal  Regulatory Services Division – Fireworks Program  P.O. Box 4395 Unit 09  Portland OR 97208-4395 | | CONTACT INFORMATION:  Oregon State Fire Marshal  Regulatory Services Division – Fireworks Program  Phone: 503-934-8274 or 8272  Fax: 503-373-1825  Email: [SFM.LP@OSFM.Oregon.gov](mailto:SFM.LP@OSFM.Oregon.gov) | |

IMPORTANT: COMPLETED APPLICATION AND FEE MUST BE RECEIVED BY THE OREGON STATE FIRE MARSHAL 15 DAYS PRIOR TO THE DATE OF THE PROPOSED DISPLAY. See OAR 837-012-0700 through 837-012-0845 for complete requirements. Please print except as noted. A separate permit will be issued and returned to the applicant by the Oregon State Fire Marshal.

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| APPLICANT SPONSOR NAME  ADDRESS  Street Address City State Zip Code  BUSINESS PHONE HOME PHONE FAX E-Mail |
| NAME OF PERSON COMPLETING APPLICATION  Signature Printed  ADDRESS  Street Address City State Zip Code  BUSINESS PHONE HOME PHONE FAX E-Mail |
| DATE OF DISPLAY TIME OF DISPLAY |
| DISPLAY ADDRESS  Street Address City State Zip Code |

LIMITED FIREWORKS NAME OF WHOLESALER:

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| Type of Fireworks | Carton Quantity | Type of Fireworks | Carton Quantity | Type of Fireworks | Carton Quantity |
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| OPERATOR AND ASSISTANT INFORMATION | |
| DISPLAY OPERATOR  NAME PHONE AGE  ADDRESS  Street Address City State Zip Code  CERTIFICATION NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| OPERATOR ASSISTANT (Minimum of one assistant is required for each display)  NAME PHONE AGE  ADDRESS  Street Address City State Zip Code |

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| COMPLETE A DETAILED MAP OF THE DISPLAY SITE SHOWING THE FOLLOWING: |

1. Fall-Out Area: the area over which aerial shells are fired. The shells burst over this area, and unsafe debris and malfunctioning aerial shells fall into this area. The fall-out area is the location where a typical aerial shell dud will fall to the ground considering wind and the angle of mortar placement. At a minimum, the fall-out area shall be the required separation distance based on the table of distances as required in OAR 837-12-850.
2. Discharge Site: the area immediately surrounding the area where fireworks are ignited for an outdoor display. Include all dimensions of the discharge site.
3. Display Site: the immediate area where a fireworks display is conducted and shall include the discharge site, the fallout area, and the required separation distance from the fireworks discharge site to spectator viewing areas. The display site does not include spectator viewing areas or vehicle parking areas.
4. Distance: from point of discharge to spectators, overhead obstructions, buildings, highways, parking areas.   
   Show distances in feet.

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| MAP AREA - SHOW ALL DISTANCES N |

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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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Site Inspection Conducted  Yes  No  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Inspector Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Law Enforcement  Dept. Name  Address    City State Zip Code  Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-Mail  Authorized Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Site Inspection Conducted  Yes  No  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Inspector Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

COMMENTS:

FIREWORKS STORAGE SITE INFORMATION AND SIGNATURES

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| 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 Date Inspector  Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

COMMENTS:

*Revised 6/2023*