

FOR OSFM OFFICE USE ONLY:

PERMIT NO: a\_\_\_\_\_\_\_\_\_

NEW REVISE ISSUE

**OREGON STATE FIRE MARSHAL**

**REGULATORY SERVICES DIVISION**

**FIREWORKS PROGRAM**

**PEST CONTROL FIREWORKS PERMIT**

APPLICATION FOR 2023 – 2025

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Email to:** [SFM.LP@OSFM.OREGON.GOV](mailto:SFM.LP@OSFM.OREGON.GOV) **(preferred)**  Fax applications to: 503-373-1825  For questions, call 503-934-8272 or 503-934-8274 | | | | | | | | | Mail to:Oregon State Fire Marshal  Regulatory Services Division – Fireworks Program  3991 Fairview Industrial Drive SE, Salem, OR 97302 | | | | | | | | | |
| **PLEASE NOTE:** One application per property or contiguous properties. Application **must be complete** prior to submission to the Oregon 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, 2025. ***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 |  | Golf  Course | | |  | Estuary | |  | WASTE OR RECYCLING 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** | |  | | | | | | | | | | | | | | | | |
| **Current list of licensed fireworks wholesalers:**  [www.oregon.gov/osp/programs/sfm/Pages/Fireworks.aspx#list](http://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:** | | |  | | |