

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 **(preferred)**Fax applications to: 503-373-1825For 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 | **[ ]**  | GolfCourse | **[ ]**  | 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:** |       |