



**APPLICATION FOR LIMITED 1.4G  
FIREWORKS DISPLAY PERMIT**

**OFFICE OF STATE FIRE MARSHAL  
OREGON STATE POLICE  
(503) 934-8274  
Fax: (503) 934-8288**

Fee: \$100 0231

OSFM OFFICE USE ONLY

**MAIL CHECKS AND APPLICATIONS TO:**

Office of State Fire Marshal  
License & Permits Branch  
P.O. Box 4395 Unit 09  
Portland OR 97208-4395

**MAIL CORRESPONDENCE TO:**

Office of State Fire Marshal  
License & Permits Branch  
4760 Portland Road NE  
Salem OR 97305-1760

**IMPORTANT: COMPLETED APPLICATION AND FEE MUST BE RECEIVED BY THE STATE FIRE MARSHAL 15 DAYS PRIOR TO THE DATE OF THE PROPOSED DISPLAY.** See OAR 837-12-700 through 837-12-845 for complete requirements. Please print except as noted. A separate permit will be issued and returned to the applicant by the State Fire Marshal.

<b>APPLICANT SPONSOR NAME</b> _____				
<b>ADDRESS</b> _____				
	Street Address	City	State	Zip Code
<b>BUSINESS PHONE #.</b>	<b>HOME PHONE #.</b>	<b>FAX #.</b>	<b>E-MAIL</b>	
<b>NAME OF PERSON COMPLETING APPLICATION</b> _____				
		Signature	Printed	
<b>ADDRESS</b> _____				
	Street Address	City	State	Zip Code
<b>BUSINESS PHONE #.</b>	<b>HOME PHONE #.</b>	<b>FAX #.</b>	<b>E-MAIL</b>	
<b>DATE OF DISPLAY</b> _____		<b>TIME OF DISPLAY</b> _____		
<b>DISPLAY ADDRESS</b> _____				
	Street Address	City	State	Zip Code

<b>LIMITED FIREWORKS</b>	<b>NAME OF WHOLESALER:</b>
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Type of Fireworks	Carton Quantity	Type of Fireworks	Carton Quantity	Type of Fireworks	Carton Quantity

<b>OPERATOR AND ASSISTANT INFORMATION</b>
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<b>DISPLAY OPERATOR</b>			
<b>NAME</b> _____		<b>PHONE</b> _____	
		<b>AGE</b> _____	
<b>ADDRESS</b> _____			
	Street Address	City	State Zip Code
<b>CERTIFICATION NO.</b> _____			

<b>OPERATOR ASSISTANT (Minimum of one assistant is required for each display)</b>			
<b>NAME</b> _____		<b>PHONE</b> _____	
		<b>AGE</b> _____	
<b>ADDRESS</b> _____			
	Street Address	City	State Zip Code

**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.

MAP AREA - SHOW ALL DISTANCES

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# FIREWORKS DISPLAY SITE SIGNATURES

## FIRE AUTHORITY AND LAW ENFORCEMENT SIGNATURES FOR DISPLAY SITE

Fire Authority	Law Enforcement
Dept. Name _____	Dept. Name _____
Address _____	Address _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
Phone# _____ FAX# _____	Phone# _____ FAX# _____
E-Mail _____	E-Mail _____
Authorized Signature _____	Authorized Signature _____
Print Name _____	Print Name _____
Site Inspection Conducted <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____	Site Inspection Conducted <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____
Inspector Signature _____	Inspector Signature _____

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# FIREWORKS STORAGE SITE INFORMATION AND SIGNATURES

## 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 _____			
<b>NOTE:</b> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____	Inspector Signature _____		

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_