



**APPLICATION FOR
SPECIAL EFFECTS PUBLIC DISPLAY PERMIT**

**OREGON STATE POLICE
OFFICE OF STATE FIRE MARSHAL
(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 SPECIAL EFFECTS DISPLAY. See OAR 837-12-700 through 837-12-845 and 837-12-021 for complete requirements. Please print except as noted. A separate permit will be issued and returned to the applicants by the State Fire Marshal.

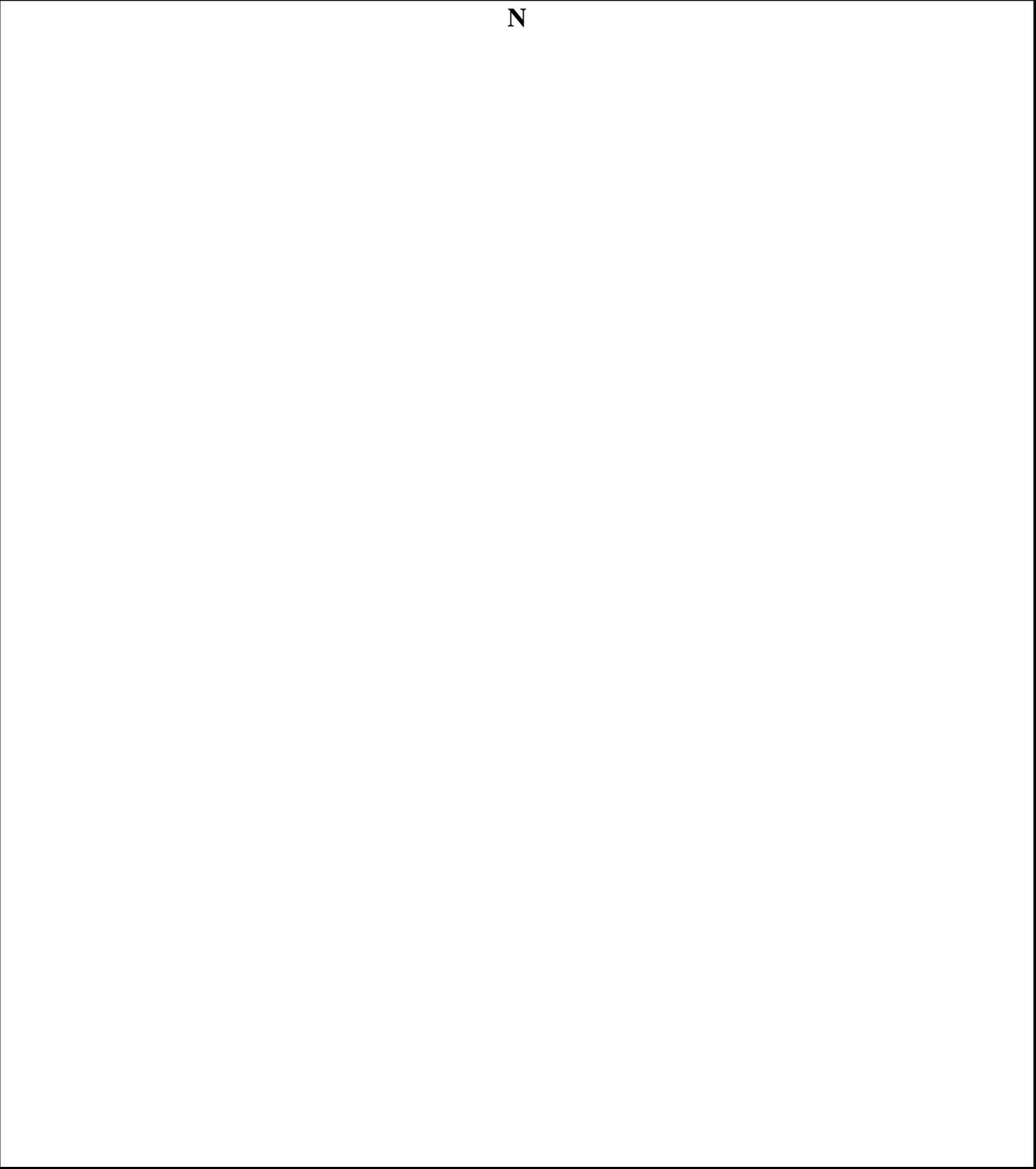
APPLICANT SPONSOR NAME _____					
ADDRESS _____					
BUSINESS PHONE # _____		HOME PHONE # _____		E-MAIL _____	
Street Address _____		City _____		State _____ Zip Code _____	
NAME OF PERSON COMPLETING APPLICATION _____					
ADDRESS _____					
BUSINESS PHONE # _____		HOME PHONE # _____		E-MAIL _____	
Street Address _____		City _____		State _____ Zip Code _____	
DATE OF DISPLAY _____			TIME OF DISPLAY _____		
DISPLAY ADDRESS _____					
Street Address _____		City _____		State _____ Zip Code _____	
SPECIAL EFFECTS FIREWORKS NAME OF WHOLESALER:					
Special Effects Materials	Quantity	Special Effects Materials	Quantity	Special Effects Materials	Quantity

OPERATOR AND ASSISTANT INFORMATION					
SPECIAL EFFECTS OPERATOR					
NAME _____		PHONE _____		AGE _____	
ADDRESS _____					
Street Address _____		City _____		State _____ Zip Code _____	
OPERATOR ASSISTANT (Minimum of one assistant is required for each display)					
NAME _____		PHONE _____		AGE _____	
ADDRESS _____					
Street Address _____		City _____		State _____ Zip Code _____	

FOLLOWING: LOCATION OF SPECTATORS, SPECIAL EFFECTS MATERIALS, BUILDINGS, STAGES, OVERHEAD OBSTRUCTIONS, CREW MEMBERS, AND ANY OTHER INFORMATION THAT MAY BE PERTINENT TO DETERMINING WHETHER A PERMIT WILL BE ISSUED. SHOW THE DISTANCES BETWEEN ALL ITEMS REQUESTED AND THE SPECIAL EFFECTS DETONATION SITES.

DIAGRAM

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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 _____

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: _____

