



**FIRE PROTECTION BUREAU
FIREWORKS LICENSING PROGRAM
PO Box 42600
Olympia WA 98504-2600
(360) 596-3914 FAX: (360) 596-3934**



APPLICATION FOR A PYROTECHNIC OPERATOR LICENSE

This application is hereby made to the Washington State Patrol Fire Protection Bureau, pursuant to RCW 70.77, for an annual license in the State of Washington as a Pyrotechnic Operator. I have enclosed the annual licensing fee of \$10 and two letters of recommendation from the fireworks industry attesting to my ability.

Date Received
<i>For Official Use</i>

Applicant Seeking A Pyrotechnic Operator License					
Name					
Complete Address					
Social Security Number		Home Phone Number		Work Phone Number	
E-Mail Address				Age	

Six (6) Displays the Applicant Has Participated In as an Assistant (One Must Be In The Previous Year)			
DATE OF DISPLAY	COUNTY AND CITY OF DISPLAY	PYROTECHNIC OPERATOR NAME AND PHONE NUMBER	LICENSE NUMBER

Applicant Background Questions	Yes/No
Have you been cited for state or federal fireworks violations?	_____
Have you been convicted of a felony or misdemeanor in the past ten years?	_____
Have you forfeited a bond for a felony or misdemeanor in the past ten years?	_____
Do you hold a current Fireworks License in another state? (If yes, please provide a copy)	_____
Have you ever had a fire or accident as a result of fireworks activity?	_____
Have you ever done damage to another's property as a result of fireworks activity?	_____

Industry References Submitting Letters of Recommendation			
1)	Name		Phone Number
	Complete Mailing Address		
2)	Name		Phone Number
	Complete Mailing Address		



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Other Industry References Attesting to Applicants Experience and/or Training:

1)	Name		Phone Number	
	Complete Mailing Address			
2)	Name		Phone Number	
	Complete Mailing Address			

List Any Training or Experience That Has Increased Your Knowledge as a Potential Pyrotechnic Operator

Any Additional Details or Comments

Upon verification of your requirements, you will be notified when an examination can be taken. After receiving a passing score, your Pyrotechnic Operator license will be issued.

This application is hereby made for a Pyrotechnic Operator License. In making this application, I agree to abide by all requirements of the State Fireworks Law (RCW 70.77) and the rules and regulations (WAC 212-17) of the Washington State Fire Marshal's Office. In addition, I authorize the release of information and/or documents relative to my training, experience and ability as Pyrotechnic Operator for your inspection.

I further certify that all information contained in this application is true and complete. I understand that omitted or misrepresented information can constitute sufficient grounds for denial or revocation of the license I am applying for.

Signature of Applicant

Date of Application

Mail your completed application, letters of reference, copies of other licenses, documents, or certifications, and licensing fees to:

Washington State Patrol Fire Protection Bureau
PO Box 42600
Olympia WA 98504-2600

[Please note these licenses are valid from the date of issue until January 31 of the subsequent year.]