

APPLICATION FOR FIREWORKS CERTIFICATE OF COMPETENCY**REQUIREMENTS FOR A LICENSE TO USE FIREWORKS:**

The Applicant must present application to the Division of Fire Safety. You must have a letter from a physician stating that you are competent to use fireworks. At the time of the test please bring a check for \$10.00 for the test. **Please do not send money at this time.** Applicants are required to be fingerprinted and tested at the R.I. State Fire Marshal's Office.

Name: _____ Date of Birth: _____
(Print name in full)

Address: _____

Length of time at present address: _____ Home Telephone: _____

Social Security #: _____ height: _____ weight: _____ hair: _____ eyes: _____

Present Employer: _____ Business telephone: _____

Address of employer: _____ Position: _____

Number of years you have been engaged in use of Fireworks: _____

Other companies, municipalities or organizations you have worked in this capacity:

Three most recent towns and dates of permits you have held to store, transport or use fireworks during the past year:

Other states you hold a license or certificate of competency to use fireworks in:

Has a license or certificate of competency been refused you upon application at any previous time? _____
If so, explain fully: _____

Has any previous license or certificate of competency been revoked or suspended at any time in the state of Rhode Island or any other state? _____ If so, explain fully: _____

Have you ever been involved in any incident(s) of personal injury or property damage as a result of the use of fireworks? _____ If so, explain fully: _____

Have you ever been arrested for anything other than a motor vehicle violation? _____ If so, explain fully: _____

I HEREBY CERTIFY THAT I HAVE READ THE FOREGOING APPLICATION AND AFFIRM THAT EVERY STATEMENT CONTAINED THEREIN IS TRUE AND CORRECTLY SET FORTH, AND I DO HEREBY ASSERT AND AGREE, AS A CONDITION PRECEDENT TO THE RECEIVING OF SAID LICENSE, THAT THE SAME MAY AT ANY TIME, BE SUMMARILY REVOKED OR SUSPENDED BY THE STATE FIRE MARSHAL OR HIS DEPUTIES FOR ANY INFRACTION OF, OR FAILURE TO COMPLY WITH ALL RULES AND REGULATIONS OF THE STATE OF RHODE ISLAND OR STATE FIRE MARSHAL PERTAINING TO THE KEEPING, STORING, USE AND MANUFACTURE, SALE, HANDLING, TRANSPORTATION OR OTHER DISPOSITION OF FIREWORKS.

A TRUE STATEMENT MADE UNDER THE PENALTIES OF PERJURY

(Signature)

(Date)

Two persons, one of whom is the holder of a valid license to conduct firework operations having knowledge of the applicant's competency to conduct such fireworks operations, must endorse this application.

ENDORSED BY:

Name _____ Name _____

Address _____ Address _____

City/town _____ City/town _____

State _____ State _____

License # _____ License # _____

Signature _____ Signature _____

OFFICE USE ONLY

RESTRICTIONS

- 1. FIREWORKS ONLY
- 2. FIREWORKS ONLY
- 3. FIREWORKS AND FIREWORKS

Examined _____

Qualified _____

Restrictions _____

Examiner _____ Date _____

TO WHOM IT MAY CONCERN:

(Date)

I, _____, **D.O.B.** _____
(print name)

of, _____
(complete address – including zip code)

am applying for a fireworks license in the State of Rhode Island. By doing so, I give my permission to the State Fire Marshal, or his agent, to conduct a complete background investigation, including fingerprinting, and examine any and all police records that pertain to me. I also agree to provide to the State Fire Marshal a letter from a certified physician stating that I am emotionally and physically competent to handle and use explosives.

(Signature of Applicant)

(Date)

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF

_____, _____ **A.D.**

Notary Public

(Commission Expires)

