



Riverside Office:
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Palm Desert CA 92211
Phone: (760) 863-8886 ~ Fax: (760) 863-7072

PYROTECHNICS APPLICATION

Office Use Only

Plans Received

FD Permit # _____

I/we hereby make application for a permit to utilize pyrotechnic effects as defined by the California State Health & Safety Code, and agree to comply in every particular with the law pertaining thereto as set forth in Part 2 of division II of the Health & Safety Code, and the rules and regulations adopted by the State Fire Marshal.

EVENT INFORMATION

Event Name: _____ Event Contact: _____
 Address: _____ Phone: _____
 City/ Zip: _____ Type of Event: _____
 Event Date(s): _____ Time Start: _____ Time End: _____ Total # of people: _____

APPLICANT/SPONSORING ORGANIZATION INFORMATION

Company Name: _____ Applicant Name: _____
 Address: _____ Phone: _____
 City/ Zip: _____ Email: _____

PYRO COMPANY INFORMATION

Company Name: _____ Public Display Lic. # _____
 Address: _____ Phone: _____
 City/ Zip: _____ Email: _____

PYROTECHNIC OPERATOR INFORMATION

Name of CA License Operator Supervising Display: _____
 License Class: _____ License # _____

OFFICE USE ONLY

| | | |
|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Fee Paid: _____ Date Paid: _____ Check#: _____ Received By: _____ Receipt#(OCR) _____ Standby Fee: _____ | <p style="text-align: center;">Permit for <u>Transportation</u></p> <p style="text-align: center;"><input type="checkbox"/> Granted <input type="checkbox"/> Denied</p> Signature: _____ Title: _____ Date: _____ Person Assigned: _____ Cell: _____ | <p style="text-align: center;">Permit for <u>Pyrotechnics</u></p> <p style="text-align: center;"><input type="checkbox"/> Granted <input type="checkbox"/> Denied</p> Inspected by: _____ Title: _____ Date: _____ |
|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

PRODUCT INFORMATION

| | |
|------------------------------------------------------------------------|------------------------------------|
| Name of wholesaler supplying all devices to be used in display: | Wholesale State License #: |
| Name of importer/exporter supplying all devices to be used in display: | Importer/exporter State License #: |

| Devices or Effect Description (type & size) <small>*Attach additional sheets if needed</small> | No. of Devices | Approx. Burn Time | Approx. Height | Approx. Width | Approx. Travel Distance | Approx. Drop | Approx. Diameter | Mortar Type(s) |
|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------|-------------------|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------|-------------------|
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| Firing method: <input type="checkbox"/> Manual <input type="checkbox"/> Electric <input type="checkbox"/> Both | Will reload/ refueling be necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | Will it affect airport traffic? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>*If "yes", pyrotech is responsible to notify FAA</small> | | | |
| Ceiling Height (if indoors) | | | | Fall Out Zone (Distance in feet): | | | | |

LOAD SITE & STORAGE INFORMATION FOR DEVICES & EFFECTS

| | |
|----------------------------------------------------------------|-------------------------------------------------------------------------|
| Location of storage PRIOR to shipping to display site: | Departure date from storage location: |
| Storage Address & City: | |
| Route(s) being used: | |
| Location of storage DURING display: | Describe provisions for return of unused/unfired product after display. |
| Location of storage of unused/unfired product (if applicable). | |

INSURANCE INFORMATION

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|---------------------------------------------------|---------------------------------------------------------------|
| Policy number of Employee Compensation Insurance: | Policy number of Public Liability Insurance: (attach copy) |
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