



STATE OF NEW HAMPSHIRE
DEPARTMENT OF SAFETY
OFFICE OF THE STATE FIRE MARSHAL



APPLICATION FOR PYROTECHNIC SPECIAL EFFECTS PERMIT

Group or Organization: _____

Address: _____ Telephone () _____
 _____ Fax () _____

Location of the production: _____ Date: _____
 _____ Time: _____

Name of Pyrotechnic Production Operator: _____
 Address: _____ Date of Birth: _____

Qualifications of Operator: _____

Years of Experience in using pyrotechnic special effects: _____ (Attach copies of any applicable licenses)

Name and Date of Birth of All Pyrotechnic Assistants:

A plan as required in Section Saf-C 6022.03(e) of the NH State Fire Code is attached to this application.

 Date Signature of Applicant
 This application is signed under penalty of unsworn falsification pursuant to RSA 641:3.

Special requirements established by the Local Fire Official:

 Signature & Title of Local Fire Official or Designee

 Date Print name and telephone number

Special requirements established by the State Fire Marshal:

The Applicant is authorized to operate the pyrotechnic special effects in accordance with the plan that has been submitted to the State Fire Marshal and subject to any special requirements noted above by the Local Fire Official and the State Fire Marshal.

Date _____ Approved _____ Permit # _____