NEW HAMPSHIRE DEPARTMENT OF SAFETY
OFFICE OF THE STATE FIRE MARSHAL
Fireworks Enforcement & Safety Unit
Mailing Address: 33 Hazen Drive, Concord, NH 03305
Office: 110 Smokey Bear Blvd., Concord, NH
(603) 223-4289 / FAX (603) 223-4294 / Email: fmo.fireworks@dos.nh.gov

APPLICATION FOR CERTIFICATE OF COMPETENCY FOR THE DISPLAY OF DISPLAY FIREWORKS

OFFICIAL USE ONLY BY FIRE MARSHAL'S OFFICE

LICENSE NUMBER: _____ DATE OF ISSUE:_____
(License expires one (4) year from date of issue)

APPLICATION FEE: $100.00
In accordance with the provisions of RSA 158:9-f, application is submitted for CERTIFICATE OF COMPETENCY for the use of DISPLAY FIREWORKS within the State of New Hampshire.

(PLEASE PRINT OR TYPE)

1. Name: _____ Date of Birth: _____

2. Address: _____
(No. Street) (City or Town) (State) (Zip Code)

3. Present Employer: _____
(If self-employed, so state)

4. Employer's Address: _____

5. Position: _____

6. Do you now hold a license or certificate of competency to conduct FIREWORKS DISPLAY in any other state? YES ☐ NO ☐ If "yes", where?

7. Has a license of certificate of competency been refused to you upon application at any previous time? YES ☐ NO ☐ If "yes", explain fully:

8. Has any previous license or certificate of competency been revoked or suspended? YES ☐ NO ☐
If "yes", explain fully:

9. Have you any criminal record which has not been annulled? YES ☐ NO ☐ If "yes", explain fully:

10. Are you an American Citizen? YES ☐ NO ☐

11. How many years have you been engaged in actual fireworks display?

12. For what companies, municipalities, or other organizations have you worked in this capacity?

13. Are you under indictment in any court for a crime punishable by imprisonment for a term exceeding one year? YES ☐ NO ☐ If "yes", explain fully:

14. Are you a fugitive from justice? YES ☐ NO ☐ If "yes", explain fully:

15. Are you twenty one (21) years of age or older? YES ☐ NO ☐

16. Are you an unlawful user of or addicted to Marijuana or any depressant or stimulant drug or narcotic drug? YES ☐ NO ☐ If "yes", explain fully:

17. Have you ever been adjudicated as a mental defective or been committed to any mental institution? YES ☐ NO ☐ If "yes", explain fully:

18. Physical Characteristics: Height _____ Weight _____ Color Hair: _____ Color Eyes:_____

I certify that I have read the foregoing application and affirm that every statement contained herein is true and correctly set forth, and I also certify that I am familiar with all state laws, regulations and local ordinances relating to display fireworks, for the location in which I intend to conduct operations. (False statements made herein are punishable under NH RSA 641:3.)

_____ _____

Signature of Applicant Social Security Number

PLEASE NOTE APPLICATION PROCEDURES:
See Part Saf-C 5003.04 Application Procedures:

See Part Saf-C 5003.05 Renewal of Certificate of Competency

EXAMINATION DATE: _____ LOCATION: _____

Passed Failed Examiner: _____

Notes: _____

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