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

ENDORSEMENT FORM FOR DISPLAY FIREWORKS CERTIFICATE OF COMPETENCY

Name of Applicant: _____ DOB: _____

Applicant must be endorsed by two persons who hold a Certificate of Competency issued by the Commissioner for the display of display fireworks, who have knowledge of the applicant's competency to display same. Each endorser shall attest that the applicant was present and assisted the endorser with the display of display fireworks, pursuant to Saf-C 5003.04(a)(5) and Saf-C 5003.04 (a)(7).

Endorser: **Name:** _____

Address: _____

Certificate No#: _____ **Expires:** _____

Description of knowledge of applicant's competency, by Endorser #1:

Display #1 Date: _____ Time_____

Location: _____

No#/Size of Shells: _____

Specific Duties of Applicant:

Display #4 Date: _____ Time_____

Location: _____

No#/Size of Shells: _____

Specific Duties of Applicant:

Display #2 Date: _____ Time_____

Location: _____

No#/Size of Shells: _____

Specific Duties of Applicant:

Display #5 Date: _____ Time_____

Location: _____

No#/Size of Shells: _____

Specific Duties of Applicant:

Display #3 Date: _____ Time_____

Location: _____

No#/Size of Shells: _____

Specific Duties of Applicant:

SIGNATURE OF ENDORSER #1:
I certify that I have read the foregoing application and affirm that every statement contained therein, including all attachments, is true and correctly set forth, and I also certify that I am familiar with all state laws, rules, and local ordinances / regulations relating to the use, handling, transportation, discharge of Display Fireworks. (False statements made herein are punishable under NH RSA 641:3.)

_____

Name of Applicant: _____ DOB: _____

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Endorser #2:

Name: _____

Address: _____

Certificate No#: _____ **Expires:** _____

Description of knowledge of applicant's competency, by Endorser #2:

Display #1 Date: _____ Time_____

Location: _____

No#/Size of Shells: _____

Specific Duties of Applicant:

Display #4 Date: _____ Time_____

Location: _____

No#/Size of Shells: _____

Specific Duties of Applicant:

Display #2 Date: _____ Time_____

Location: _____

No#/Size of Shells: _____

Specific Duties of Applicant:

Display #5 Date: _____ Time_____

Location: _____

No#/Size of Shells: _____

Specific Duties of Applicant:

Display #3 Date: _____ Time_____

Location: _____

No#/Size of Shells: _____

Specific Duties of Applicant:

SIGNATURE OF ENDORSER #2:

I certify that I have read the foregoing application and affirm that every statement contained therein, including all attachments, is true and correctly set forth, and I also certify that I am familiar with all state laws, rules, and local ordinances / regulations relating to the use, handling, transportation, discharge of Display Fireworks. (False statements made herein are punishable under NH RSA 641:3.)

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