



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

Fireworks Safety & Enforcement 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 PYROTECHNIC EFFECT, FLAME EFFECT, OR SPECIAL EFFECTS  
OPERATORS LICENSE, OR APPRENTICE LICENSE**

- New Application: \$200.00 (ENDORSEMENTS NOT INCLUDED)
- Renewal: \$100.00 Application (ENDORSEMENTS NOT INCLUDED)

**Endorsements:** (Please check applicable endorsements)

- Flame Effect Operator \$100.00 (Unrestricted)
- Pyrotechnic Operator \$100.00 (Unrestricted)
- Special Effect Operator \$100.00 (This is a restricted license, includes fire performers)
- Apprentice (No Endorsement fee)

In accordance with the provisions of Saf – C 6900, this application is submitted for the use of special effects, pyrotechnic effects, or flame effects before a proximate audience, performers or support personnel within the State of New Hampshire. If more space is required to fully answer the questions below, please attach additional sheets to the applicant.

1. Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

2. Age: \_\_\_\_\_ Primary Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

3. Address: \_\_\_\_\_

4. Present Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

5. Employer's Address: \_\_\_\_\_

6. Current Position: \_\_\_\_\_

7. Do you hold a license or certificate for special, pyrotechnic, or flame effects before a proximate audience in another state? \_\_\_\_\_ If so, where? \_\_\_\_\_  
License Numbers: \_\_\_\_\_

8. Have you had a license or certificate application denied by any state or local authority? \_\_\_\_\_  
If yes, please explain in detail: \_\_\_\_\_

9. Have you had any previous license or certificate revoked or suspended? \_\_\_\_\_  
If yes, please explain in detail: \_\_\_\_\_

10. How many years have you been engaged in the actual use of special, pyrotechnic, or flame effects before a proximate audience? \_\_\_\_\_

11. For what companies or other organizations have you worked in this capacity? \_\_\_\_\_

12. Are you a citizen of the United States or legally residing in this country?  Yes /  No (Check one) Please include a copy of your birth certificate, valid passport, resident, or work Visa.

13. Have you been convicted of a criminal offense that has not been annulled?  Yes /  No (Check One) If yes, please explain in detail: \_\_\_\_\_  
\_\_\_\_\_

14. Are you under indictment in any court for a crime punishable by imprisonment for a term exceeding one year?  Yes /  No (Check One) If yes, provide specific charge(s), to include dates, name, and location of the court: \_\_\_\_\_  
\_\_\_\_\_

15. Are you a fugitive from justice?  Yes /  No (Check One)

16. Have you ever been adjudicated for a mental defect or been committed to a mental institution?  Yes /  No (Check One) If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

17. Are you an unlawful user of, or addicted to, marijuana, depressants, stimulants, narcotics, or other controlled drugs?  Yes /  No (Check One) If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

18. Physical characteristics: Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

I certify that I have read the foregoing application and affirm that every statement contained herein is true and correct. I also certify that I am familiar with all state laws, regulations and local ordinances relating to the use and handling of these materials for the location in which I intend to conduct displays of special effects, pyrotechnic effects or flame effects. (*False statements made herein are punishable under RSA 641:3*)

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>FOR OFFICIAL USE ONLY</b>	
<input type="checkbox"/> Back ground investigation complete	<input type="checkbox"/> Copy of I.D. or Driver's license
<input type="checkbox"/> Copy of birth certificate, passport, or Visa	<input type="checkbox"/> Endorsement letters provided
Examination Date: _____	Location: _____
Examiner Name: _____	Signature: _____
<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Written test score: _____