



**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



**ENDORSEMENTS FOR PYROTECHNIC EFFECT, FLAME EFFECT, OR SPECIAL OPERATORS LICENSE**

**NAME OF APPLICANT:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

This form must be endorsed by a person who currently holds a valid NH license for the use of pyrotechnics effects, flame effects, or special effects before a proximate audience, and who has personal 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 pyrotechnic effects, flame effects, or special effects before a proximate audience, pursuant to Saf-C 6900.

**Endorser:**     **Name:** \_\_\_\_\_  
                  **Address:** \_\_\_\_\_  
                  **License No#:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

Description of knowledge of applicant's competency by endorser:

\_\_\_\_\_  
\_\_\_\_\_

<p><b>Display 1#:</b> <b>Date:</b> _____ <b>Time:</b> _____ <b>Location:</b> _____</p> <p><b>Type of Effect:</b>     <input type="checkbox"/> Pyrotechnic Effect     <input type="checkbox"/> Flame Effect     <input type="checkbox"/> Special Effect</p> <p><b>Type and Number of Devices:</b> _____</p> <p>_____</p> <p>_____</p> <p><b>Duties of Applicant:</b> _____</p> <p>_____</p> <p>_____</p> <p style="text-align: center;"><b>Please attach copy of approved corresponding permit.</b></p>
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<p><b>Display 2#:</b> <b>Date:</b> _____ <b>Time:</b> _____ <b>Location:</b> _____</p> <p><b>Type of Effect:</b>     <input type="checkbox"/> Pyrotechnic Effect     <input type="checkbox"/> Flame Effect     <input type="checkbox"/> Special Effect</p> <p><b>Type and Number of Devices:</b> _____</p> <p>_____</p> <p>_____</p> <p><b>Duties of Applicant:</b> _____</p> <p>_____</p> <p>_____</p> <p style="text-align: center;"><b>Please attach copy of approved corresponding permit.</b></p>
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**Display 3#:** **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Location:** \_\_\_\_\_  
**Type of Effect:**      Pyrotechnic Effect      Flame Effect      Special Effect  
**Type and Number of Devices:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Duties of Applicant:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  

**Please attach copy of approved corresponding permit.**

**Display 4#:** **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Location:** \_\_\_\_\_  
**Type of Effect:**      Pyrotechnic Effect      Flame Effect      Special Effect  
**Type and Number of Devices:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Duties of Applicant:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  

**Please attach copy of approved corresponding permit.**

**Display 5#:** **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Location:** \_\_\_\_\_  
**Type of Effect:**      Pyrotechnic Effect      Flame Effect      Special Effect  
**Type and Number of Devices:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Duties of Applicant:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  

**Please attach copy of approved corresponding permit.**

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)*

**Endorsers Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

DSFM 93 (4 - 2019)