STATE OF NEW HAMPSHIRE DEPARTMENT OF SAFETY
Division of Fire Safety

Office of the State Fire Marshal
J. William Degnan, State Fire Marshal

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Mailing Address: 33 Hazen Drive, Concord, NH 03305
PHONE 603-223-4289, FAX 603-223-4294

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 four (4) years from date of issue)

APPLICATION FEE: $100.00

(PLEASE PRINT OR TYPE)

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.

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 DISPLAYS in any other state?
☐ YES ☐ NO. If "YES", where? _____

7. Has a license or 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 Has any previous license or certificate of competency been revoked or suspended?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 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 N.H. RSA 641:3.)

_____ _____
Signature of Applicant Social Security Number

PLEASE NOTE APPLICATION PROCEDURES:

See Part Saf-C 5003.04 Application Procedures:

Saf-C 5003.05 Renewal of Certificate of Competency.

(a) All applicants for renewal of certificates of competency shall complete form DSFM165.
(b) If the renewal application is filed with the Commissioner prior to the expiration of the certificate of competency, the renewal shall become effective when the old certificate of competency expires.
(c) No renewal certificate of competency shall be issued more than 30 days before the expiration date of the current certificate of competency. If an application for renewal is filed more than 30 days after the expiration of the old certificate of competency, it shall be considered as an application for an original certificate of competency and the applicant for renewal shall resubmit all of the requirements in Saf-C 5003.04.

EXAMINATION DATE: _____ LOCATION: _____

☐ Passed ☐ Failed Examiner: _____

Notes: _____

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