



STATE OF NEW HAMPSHIRE DEPARTMENT OF SAFETY

John J. Barthelmes, Commissioner



Division of Fire Safety
OFFICE OF THE STATE FIRE MARSHAL

J. William Degnan, State Fire Marshal

Office: 110 Smokey Bear Blvd, Concord, NH
Mailing Address: 33 Hazen Drive, Concord, NH 03305
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APPLICATION FOR SPECIAL EFFECT, PYROTECHNIC EFFECT, FLAME EFFECT OPERATORS LICENSE, OR APPRENTICE LICENSE

NEW APPLICATION [ ]

RENEWAL [ ]

New Application: \$200.00 (ENDORSEMENTS NOT INCLUDED)

Renewal: \$100.00 Application (ENDORSEMENTS NOT INCLUDED)

Endorsements: (Please check applicable endorsements)

- [ ] Flame Effect Operator \$100.00
[ ] Pyrotechnic Operator \$100.00
[ ] Special Effect Operator \$100.00 (This is a restricted license)
[ ] 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** (Circle 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** (Circle 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** (Circle 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** (Circle One)
16. Have you ever been adjudicated for a mental defect or been committed to a mental institution? **Yes / No** (Circle 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** (Circle 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: \_\_\_\_\_

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**FOR OFFICIAL USE ONLY**

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|---|--|
| <input type="checkbox"/> Back ground investigation complete           | <input type="checkbox"/> Copy of I.D. or Drivers 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: _____                                |