



**State of New Hampshire**  
**DEPARTMENT OF SAFETY**  
**OFFICE OF THE STATE FIRE MARSHAL**  
 33 Hazen Drive, Concord, NH 03305  
 (603) 223-4289



**APPLICATION FOR PROXIMATE AUDIENCE EFFECTS PERMIT**

**NOTE:** Completed applications shall be submitted at least **10 business days prior** to date of production.

Applicant: \_\_\_\_\_ Telephone ( AA ) \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax ( AA ) \_\_\_\_\_

Location of the production: \_\_\_\_\_ Date(s): \_\_\_\_\_  
 Address: \_\_\_\_\_ Time(s): \_\_\_\_\_

Name of Proximate Audience Operator: \_\_\_\_\_ NH License #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Qualifications of Operator: \_\_\_\_\_  
 \_\_\_\_\_

Years of experience in using proximate audience effects: \_\_\_\_\_ (Attach copies of any applicable licenses).

Name and Date of Birth of all Apprentice and Assistants:

Name: _____	Date of Birth: _____	NH License #: _____
Name: _____	Date of Birth: _____	NH License #: _____
Name: _____	Date of Birth: _____	NH License #: _____

A plan as required in Section Saf-C 6903.04 of the NH State Fire Code is attached to this application:

Date: \_\_\_\_\_ Signature of Applicant \_\_\_\_\_ Print Name \_\_\_\_\_  
This application is signed under penalty of unsworn falsification pursuant to RSA 641:3.

A copy of the application and permit has been submitted to the local Fire Department. Date: \_\_\_\_\_

Special requirements established by the local Fire Official:	
	Signature & Title of Local Fire Official or Designee
Date: _____	Print name and telephone number

Special requirements established by the State Fire Marshal:
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The operator is hereby authorized to discharge pyrotechnic or flame effects before a proximate audience in accordance with the plan that has been submitted and approved by the State Fire Marshal, and is subject to any special requirements noted above by the local Fire Official and the State Fire Marshal. Any modification or alteration to the application or plan must be submitted in writing and approved by the State Fire Marshal prior to the date of the demonstration inspection. Unauthorized changes will result in the denial of this permit.

<b>For Use By State Fire Marshal's Office Only:</b>			
Permit Fee: A - \$400	B - \$250	Check #: _____	
Date: _____	Approved: _____	Permit #: _____	