



**STATE OF MARYLAND
DEPARTMENT OF STATE POLICE
OFFICE OF THE STATE FIRE MARSHAL**

<http://mdsp.org/firemarshal>



FIREWORK SHOOTER TESTING AND PERMIT APPLICATION

APPLICATION TYPE: NEW RENEWAL (Current Certification Number: _____ Expiration Date: _____)

| | | | |
|---|---|---|---|
| Applicant Full Name: | | Social Security #: | |
| Date of Birth: | | Place of Birth: | |
| Home Address: | | | |
| City: | | State: | Zip Code: |
| Email: | Cellular: | Phone (Other): | |
| Employer Name: | | | |
| Employer Address: | | | |
| City: | | State: | Zip Code: |
| Employer Phone: | | Email: | |
| What types of firework displays are you planning to conduct? | | Outdoor: <input type="checkbox"/> | Proximate: <input type="checkbox"/> Outdoor / Proximate: <input type="checkbox"/> |
| Previous Employer Name #1: | Employer Phone: | | |
| Previous Employer Name #2: | Employer Phone: | | |
| Firework Shooting Experience (Years): | Have any injuries or property damage occurred while you were the operator of a display? | Yes: <input type="checkbox"/> No: <input type="checkbox"/> (If yes, please describe the details below.) | |
| | | | |
| List and Submit Copies of all training and / or experience held (Attached a resume and copies of certificates): | | | |
| 1. | | 2. | |
| 3. | | 4. | |
| Have you ever been arrested? Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, be list the charges and dates in the space below. | | | |
| Do you or have you held any other firework shooter permits? | | Yes: <input type="checkbox"/> No: <input type="checkbox"/> (If yes list below and attach copies): | |
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APPLICATION INSTRUCTIONS

1. FEES TO BE ENCLOSED WITH APPLICATION: \$150.00

Checks are to be made payable to: Maryland State Fire Marshal's Office.

- 2. NEW Applicants-** Submit with your application: a resume of qualifications, training, employment history and copies of any current firework certifications.
- 3.** Permit holders shall give the State Fire Marshal written notice of change of address within ten (10) business days after the change.
- 4.** All areas of this application must be completed before submission. Failure to complete any part of this application may result in a delay in the processing of this application. Thank you for completing this application in its entirety.

SUBMIT APPLICATION AND FEE TO: Office of the State Fire Marshal Voice: 410-859-7152
 Bomb Squad
 P.O. Box 436
 Linthicum, MD 21090

NOTE: By signature of the Applicant below, the Applicant agrees that there are no misrepresentations in or falsification of the statements and answers to the questions in this application. Any discrepancies will result in immediate disqualification of new Applicants or revocation of current Firework Shooter Certificate holders. Information in this application is used for identification purposes only to facilitate this investigation.

AFFIDAVIT OF APPLICANT:

I, _____, have read and understand the terms set forth above pertaining to any misrepresentation or falsifications of statements and answers to any of the questions in this application.

Applicant Signature: _____ Date: _____

RETURN NOTARIZED APPLICATION AND FEES TO THE OFFICE OF THE STATE FIRE MARSHAL



State of _____

County of _____

On this _____ day of _____, 20____, before me, the undersigned officer, personally appeared before me _____, an officer of the business, and made oath in due form of the law that all information on this application and all statements made to procure a license are full, complete, correct, and true to the best of his/her knowledge, information, and belief; and also made oath that he/she is the officer of the business and is duly authorized to make this affidavit.

(SEAL)

| | |
|--------------------------------|--|
| | |
| NOTARY PUBLIC SIGNATURE | |
| My Commission Expires: | |



WARNING: ANY PERSON WHO WILLFULLY MAKES A FALSE STATEMENT ON THIS APPLICATION IS GUILTY OF A MISDEMEANOR AND ON CONVICTION IS SUBJECT TO A FINE OF NOT MORE THAN \$1,000.00 OR IMPRISONMENT NOT EXCEEDING THREE (3) YEARS, OR BOTH.

REQUIRED TESTING REFERENCE MATERIALS

Applications must be completed in full, and notarized.

The exam will be based on the applicant's qualifications and will require the applicant to show proof in the areas that they believe they are proficient in, i.e. outdoor display, proximate displays, or a combination of outdoor and proximate displays.

Below is a list of study materials that the new exams are based on. The list is as follows:

OUTDOORS DISPLAY EXAM:

1. National Fire Prevention Association Code (NFPA) 1123 (2018 Edition)
2. National Fire Prevention Association Code (NFPA) 1124 (2006 Edition)
3. Title 10 of the Public Safety Article of the Maryland Code
4. State of Maryland Fire Prevention Code (29.06.01.09)

FIREWORKS DISPLAYS BEFORE A PROXIMATE AUDIENCE EXAM:

1. National Fire Prevention Association Code (NFPA) 1126 (2006 Edition)
2. Title 10 of the Public Safety Article of the Maryland Code
3. State of Maryland Fire Prevention Code (29.06.01.09)
4. Flame Effects Before an Audience (NFPA) 160 (2011 Edition)

OUTDOOR/PROXIMATE AUDIENCE COMBINATION EXAM:

1. Testing materials from both the outdoor display exam and the proximate audience exam listed above

* The National Fire Prevention Association Codes (NFPA) can be obtained by calling 1-800-344-3555. Title 10 of the Public Safety Article of the Maryland Code, as well as the State of Maryland Fire Prevention Code can be obtained by emailing our office mdsp.osfmbs@maryland.gov

Should you have any questions or require additional information, please feel free to call Mary Bare at 410-859-7152 or email mary.bare@maryland.gov