

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

**APPLICATION FOR REGISTRATION OF  
SPARKLERS, GROUND BASED SPARKLERS & NOVELTY ITEMS**

**CHECK ONE:** New Application (  )    Renewal Application (  ) Present Registration No. \_\_\_\_\_

**SUBMIT APPLICATION AND FEE TO:**

OFFICE OF THE STATE FIRE MARSHAL  
P.O. Box 436  
Linthicum, Maryland 21090

**FOR INFORMATION CONTACT:**

OFFICE OF THE STATE FIRE MARSHAL  
P.O. Box 436  
Linthicum, Maryland 21090  
Telephone No.: 410-859-7152

**MAKE CHECKS OR MONEY ORDERS PAYABLE TO: OFFICE OF THE STATE FIRE MARSHAL**

**PLEASE PRINT OR TYPE CLEARLY AND COMPLETE ALL AREAS OF THE APPLICATION**

1. Applicant: \_\_\_\_\_

Business Name: \_\_\_\_\_

Complete Address (No P.O. Box's Please): \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

CHECK ONE: Individual (  )    Partnership (  )    Association (  )    Corporation (  )

2. Registration Fee Schedule:    Wholesale/Distributor Registration (  ) \$750.00 = \$ \_\_\_\_\_

**TOTAL AMOUNT ENCLOSED = \$ \_\_\_\_\_**

3. Please attach a complete product list on the attached form and submit a sample product of every ground based sparkler or novelty item which you intend to wholesale. **Failure to complete a product list and submit a sample of each product you intend to wholesale will result in immediate denial of a Registration. Further, any product update, new product, or additions made to the product line that occur within the time period that your registration has been granted, must be submitted on the product list page of this application prior to sale. A sample must be submitted of any updated or new product immediately and BEFORE it is offered for sale. Failure to complete and attach an updated product list and submit a sample of additional products you intend to wholesale will result in immediate revocation of the Registration.**

4. If this is a renewal application, is the product list updated? **Failure to complete and attach an updated product list and submit a sample of additional products you intend to wholesale will result in immediate revocation of the Registration.**

5. Please list complete addresses of those locations in the State of Maryland where sparklers, ground based sparkler devices and novelty items will be stored. Use separate sheet of paper for additional information.

A. \_\_\_\_\_ City/County: \_\_\_\_\_

B. \_\_\_\_\_ City/County: \_\_\_\_\_

6. Please list the full name, complete address, citizenship, date of birth, and social security number of the applicant, partner (if a partnership), and officer and/or director (if an association or corporation). Use separate sheet of paper for additional information if necessary.

A. Name: \_\_\_\_\_ Title: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

B. Name: \_\_\_\_\_ Title: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

C. Name: \_\_\_\_\_ Title: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

D. Name: \_\_\_\_\_ Title: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**NOTE: By signature of the applicant below, the applicant agrees that there are no misrepresentations in or falsification of statements and answers to questions in this application. Any discrepancies will result in immediate disqualification of new applicants or revocation of current registration holders. Information in this application is used for identification purposes only to facilitate this process. The applicant also hereby applies for authority to register sparklers, ground based sparklers, and novelty items and understands that this application is solely for wholesale/distributors to obtain a registration under the provisions of the Public Safety Article of the Maryland Code, Title 10, Fireworks and Sparklers.**

**AFFIDAVIT OF APPLICANT:**

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

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\*\*\*\*\*

**NOTARY PUBLIC SIGNATURE AND SEAL:**

STATE OF \_\_\_\_\_ COUNTY \_\_\_\_\_ CITY/TOWN \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, the undersign \_\_\_\_\_,  
(Name of Applicant)

appeared before me, a Notary Public for the State of \_\_\_\_\_. The undersign \_\_\_\_\_,  
(Name of Applicant)

made oath in due form of law that he/she prepared this application and that all statement made therein are to the best of his/her knowledge, information and belief.

SEAL \_\_\_\_\_, NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

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**TO THE STATE FIRE MARSHAL OF MARYLAND**

I, \_\_\_\_\_, representative of the State Fire Marshal, hereby certify that I have inspected the premises of the applicant, and have investigated the statements made in this application. I recommend that the applicant be ( ) granted ( ) refused a registration for sparklers, ground based sparklers & novelty items.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Distributor: \_\_\_\_\_

Page: \_\_\_\_ of \_\_\_\_

**APPLICATION FOR REGISTRATION OF  
SPARKLERS, GROUND BASED SPARKLERS & NOVELTY ITEMS**

**DISTRIBUTOR PRODUCT LIST**

USE SEPARATE SHEET FOR EACH BOX OF ITEMS SUBMITTED

PLEASE PRINT OR TYPE

1. Product Name: \_\_\_\_\_  
Manufacturer: \_\_\_\_\_  
Date Submitted: \_\_\_\_\_  
Description (State Fire Marshal Use Only): \_\_\_\_\_  
DFM Name & Approval Date (SFM Use Only): \_\_\_\_\_
  
2. Product Name: \_\_\_\_\_  
Manufacturer: \_\_\_\_\_  
Date Submitted: \_\_\_\_\_  
Description (State Fire Marshal Use Only): \_\_\_\_\_  
DFM Name & Approval Date (SFM Use Only): \_\_\_\_\_
  
3. Product Name: \_\_\_\_\_  
Manufacturer: \_\_\_\_\_  
Date Submitted: \_\_\_\_\_  
Description (State Fire Marshal Use Only): \_\_\_\_\_  
DFM Name & Approval Date (SFM Use Only): \_\_\_\_\_
  
4. Product Name: \_\_\_\_\_  
Manufacturer: \_\_\_\_\_  
Date Submitted: \_\_\_\_\_  
Description (State Fire Marshal Use Only): \_\_\_\_\_  
DFM Name & Approval Date (SFM Use Only): \_\_\_\_\_
  
5. Product Name: \_\_\_\_\_  
Manufacturer: \_\_\_\_\_  
Date Submitted: \_\_\_\_\_  
Description (State Fire Marshal Use Only): \_\_\_\_\_  
DFM Name & Approval Date (SFM Use Only): \_\_\_\_\_
  
6. Product Name: \_\_\_\_\_  
Manufacturer: \_\_\_\_\_  
Date Submitted: \_\_\_\_\_  
Description (State Fire Marshal Use Only): \_\_\_\_\_  
DFM Name & Approval Date (SFM Use Only): \_\_\_\_\_

**APPLICATION FOR REGISTRATION OF  
SPARKLERS, GROUND BASED SPARKLERS & NOVELTY ITEMS**

**RETAIL SALES LOCATIONS IN THE STATE OF MARYLAND**

USE SEPARATE SHEET FOR ADDITIONAL LOCATIONS  
PLEASE PRINT OR TYPE

1. Business Name: \_\_\_\_\_

Complete Address (No P.O. Box's Please): \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

2. Business Name: \_\_\_\_\_

Complete Address (No P.O. Box's Please): \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

3. Business Name: \_\_\_\_\_

Complete Address (No P.O. Box's Please): \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

4. Business Name: \_\_\_\_\_

Complete Address (No P.O. Box's Please): \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

5. Business Name: \_\_\_\_\_

Complete Address (No P.O. Box's Please): \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

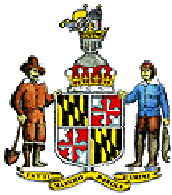
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

6. Business Name: \_\_\_\_\_

Complete Address (No P.O. Box's Please): \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_



STATE OF MARYLAND

DEPARTMENT OF STATE POLICE

OFFICE OF THE STATE FIRE MARSHAL



Martin O'Malley  
Governor

Anthony G. Brown  
Lt. Governor

P.O. Box 28903  
BWI Airport, MD 21240  
410-859-7152  
Fax 410-859-7924

Colonel Thomas E. Hutchins  
Superintendent

William E. Barnard  
State Fire Marshal

**SPARKLERS, GROUND BASED SPARKLERS & NOVELTY ITEMS  
REGISTRATION APPLICATION CHECK-OFF LIST**

In order for a Registration Application to be processed in a timely manner, the below check-off list includes items that **must** accompany the application at the time of submission. Failure to include any part of the check-off list will result in a delay of the application process and possible denial of registration.

- Complete name of applicant (no alias or nicknames).
- Complete business name.
- Complete business address including city/town, state, and zip code (P.O. Boxes are **not** acceptable).
- Telephone and fax number including area code.
- Check appropriate box for type of business.
- Fee in the amount of \$750.00 (checks or money orders are to be made payable to the Office of the State Fire Marshal. We do not accept cash or credit cards).
- Completed and attached product list and sample of each product intended to be sold (new list or additions to current registration list).
- Submit list of complete addresses in the State of Maryland where all registered products will be stored (use separate sheet of paper if additional space is needed).
- Submit list of complete addresses in the State of Maryland where all registered products will be sold (use separate sheet of paper if additional space is needed).
- Submit list of all applicants, partners (if applicable), and officers and/or directors (if an association or corporation). Please use separate sheet of paper if additional space is needed.
- Sign and date Affidavit.
- Have application notarized.

**\* Questions can be directed to the Office of the State Fire Marshal Bomb Squad at 410-859-7152.**