

KANSAS STATE FIRE MARSHAL'S OFFICE FIREWORKS OPERATOR LICENSE

(New Application)

FOR KSFM USE ONLY
Permit # _____
Date of issue: _____
Date of expiration: _____

COMPLETE IN FULL - PRINT CLEARLY

NAME: _____ Last First Middle	REQUESTED EXAM DATE AND LOCATION: _____
PHYSICAL ADDRESS: _____ _____ City State ZIP	CONTACT PHONE NUMBERS: Home: () Daytime: () Mobile: () Email: _____ (required)
MAILING ADDRESS: _____ _____ City State ZIP	

PERSONAL INFORMATION

Date of Birth (MM/DD/YY): ___/___/___ Social Security #: ___-___-___ Driver's License (ID) _____ State: _____

Current Age (in years) _____ Gender: Male Female Height: _____ Weight: _____ Eye Color: _____

Have you been convicted of a felony? No Yes Are you a U.S. Citizen? No Yes

Are you affiliated with any fireworks display business? No Yes Business Name: _____

Are you an employee of the state or any political taxing subdivision of the state and acting on their behalf? Yes (Documentation is required)

SHOOT VERIFICATION

Display Date _____ Display Location _____

Name of Licensed Operator _____

Signature of Licensed Operator _____

Operator License Number _____

Display Date _____ Display Location _____

Name of Licensed Operator _____

Signature of Licensed Operator _____

Operator License Number _____

Display Date _____ Display Location _____

Name of Licensed Operator _____

Signature of Licensed Operator _____

Operator License Number _____

Under the penalties imposed by K.S.A. 21-3805, I declare that I have examined this application and documents submitted in support thereof, and to the best of my knowledge and belief, they are true, correct, and complete.

Signature _____ Date _____