KANSAS STATE FIRE MARSHAL'S OFFICE
FIREWORKS OPERATOR LICENSE

(Renewal Application)

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

COMPLETE IN FULL - PRINT CLEARLY

NAME:

_____
Last First Middle

PHYSICAL ADDRESS:

_____

_____
City State ZIP

MAILING ADDRESS:

_____

_____
City State ZIP

REQUESTED EXAM DATE AND LOCATION:

_____

EXPIRED PERMIT NUMBER:

_____

CONTACT PHONE NUMBERS:

Home: ( )

Daytime: ( )

Mobile: ( )

Email: _____ (required)

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 Municipality/Organization sponsoring display_____

Representative responsible for above organization _____

Signature of representative_____

Display Date_____ Display Location_____

Name of Municipality/Organization sponsoring display_____

Representative responsible for above organization _____

Signature of representative_____

Display Date_____ Display Location_____

Name of Municipality/Organization sponsoring display_____

Representative responsible for above organization _____

Signature of representative_____

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_____

RETURN COMPLETED APPLICATION AND PAYMENT INFORMATION TO THE KANSAS STATE FIRE MARSHAL'S OFFICE, ATTN: INVESTIGATION DIVISION, 700 SW JACKSON STREET, SUITE 600, TOPEKA, KANSAS 66603. FAX NUMBER (785) 368-6559