

KANSAS STATE FIRE MARSHAL'S OFFICE
PROXIMATE PYROTECHNIC LICENSE
 (New Application)
COMPLETE IN FULL - PRINT CLEARLY

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

FULL NAME: _____ Last First Middle	REQUESTED EXAM DATE AND LOCATION: _____
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PHYSICAL ADDRESS: _____ _____ City State ZIP	CONTACT INFORMATION: Home: () Mobile: () Email: _____ (required)
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MAILING ADDRESS: _____ _____ City State ZIP	LICENSE CLASS: (Mark all that apply) <input type="checkbox"/> Indoor proximate <input type="checkbox"/> Outdoor proximate <input type="checkbox"/> Unlimited <input type="checkbox"/> Flame effect
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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: ____ Are you a U.S. Citizen? No Yes

Have you been convicted of a felony? 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)

TRAINING

Have you been trained in the use of proximate pyrotechnic? No Yes Date of training: ____/____/____

Instructor: _____ Address: _____ Phone: _____

SHOOT VERIFICATION

Display Date ____/____/____ Display Location _____

Number of shots used _____ Type of shots used _____

Signature of AHJ* _____ (Print Name AHJ) _____
 ***Or attach documentation of display

Display Date ____/____/____ Display Location _____

Number of shots used _____ Type of shots used _____

Signature of AHJ* _____ (Print Name AHJ) _____
 ***Or attach documentation of display

Display Date ____/____/____ Display Location _____

Number of shots used _____ Type of shots used _____

Signature of AHJ* _____ (Print Name AHJ) _____
 ***Or attach documentation of display

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 _____