

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

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

NAME: _____ Last First Middle	REQUESTED EXAM DATE AND LOCATION: _____ EXPIRED PERMIT NUMBER: _____
PHYSICAL ADDRESS: _____ _____ City State ZIP	CONTACT INFORMATION: Home: ()) _____ Mobile: ()) _____ Email: _____ (required)
MAILING ADDRESS: _____ _____ City State ZIP	LICENSE CLASS: <input type="checkbox"/> Indoor proximate <input type="checkbox"/> Outdoor proximate <input type="checkbox"/> Unlimited <input type="checkbox"/> Flame effect

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)

SHOOT VERIFICATION

Display Date ____/____/____ Display Location _____

Number of shots used _____ Type of shots used _____

Name of Municipality/Organization sponsoring display _____

Representative responsible for above organization _____

Signature of representative _____

Display Date ____/____/____ Display Location _____

Number of shots used _____ Type of shots used _____

Name of Municipality/Organization sponsoring display _____

Representative responsible for above organization _____

Signature of representative _____

Display Date ____/____/____ Display Location _____

Number of shots used _____ Type of shots used _____

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 _____