



GENERAL FIREWORKS OPERATOR CERTIFICATION APPLICATION

Oregon State Fire Marshal

Please Select

- NEW APPLICATION
- RENEWAL APPLICATION

PLEASE SUBMIT APPLICATIONS BY EMAIL OR MAIL:

Oregon State Fire Marshal
 Regulatory Services Division – Fireworks Program
 3991 Fairview Industrial Dr. SE
 Salem, OR 97302

CONTACT INFORMATION:

Oregon State Fire Marshal
 Regulatory Services Division – Fireworks Program
 Phone: 503-934-8274 or 8272
 Fax: 503-373-1825
 Email: OSFM.LP@OSFM.Oregon.gov

GENERAL FIREWORKS DISPLAY is a display held outdoors using primarily Class “B” aerial fireworks. Class “C” consumer fireworks may also be used.

New Applicants must meet operator qualifications, restrictions, and certification requirements as specified in Oregon Administrative Rules (OAR) 837-012-0790.

Renewal Applicants must meet operator qualifications, restrictions, and certification requirements as specified in OAR 837-012-0800.

Renewal applications must be received by OSFM 90 days prior to the expiration date on the certificate.

APPLICANT INFORMATION

PLEASE PRINT

NAME: _____

MAILING ADDRESS: _____
PO Box or Street Address City, State Zip

STREET ADDRESS: _____
Street Address City, State Zip

PHONE: _____ **DOB:** _____

DISPLAYS CONDUCTED

Permit numbers and duties performed are required for determination of certification/renewal. Contact the pyrotechnician in charge of the display to obtain this information. A minimum of three displays in the three years immediately prior to date of application is required for certification/renewal. List all displays you want considered for certification/renewal.

1. Permit No. _____ **Date of Display:** _____

Check appropriate duties performed:

- | | |
|---|--|
| <p>_____ Installation of Mortars</p> <p>_____ Loading Shells</p> <p>_____ Clean-Up/Inspection</p> <p>_____ Manual Firing Display</p> <p>_____ Electrical Firing Display</p> | <p>_____ Installation of Set Piece</p> <p>_____ Installation of Electrical Firing System</p> <p>_____ Tending Magazine</p> <p>_____ Other _____</p> <p>_____ Other _____</p> |
|---|--|

2. Permit No. _____ **Date of Display:** _____

Check appropriate duties performed:

- | | |
|---|--|
| <p>_____ Installation of Mortars</p> <p>_____ Loading Shells</p> <p>_____ Clean-Up/Inspection</p> <p>_____ Manual Firing Display</p> <p>_____ Electrical Firing Display</p> | <p>_____ Installation of Set Piece</p> <p>_____ Installation of Electrical Firing System</p> <p>_____ Tending Magazine</p> <p>_____ Other _____</p> <p>_____ Other _____</p> |
|---|--|

DISPLAYS CONDUCTED

3. Permit No. _____ Date of Display: _____

Check appropriate duties performed:

- | | |
|---|--|
| <input type="checkbox"/> Installation of Mortars <input type="checkbox"/> Loading Shells <input type="checkbox"/> Clean-Up/Inspection <input type="checkbox"/> Manual Firing Display <input type="checkbox"/> Electrical Firing Display | <input type="checkbox"/> Installation of Set Piece <input type="checkbox"/> Installation of Electrical Firing System <input type="checkbox"/> Tending Magazine <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ |
|---|--|

4. Permit No. _____ Date of Display: _____

Check appropriate duties performed:

- | | |
|---|--|
| <input type="checkbox"/> Installation of Mortars <input type="checkbox"/> Loading Shells <input type="checkbox"/> Clean-Up/Inspection <input type="checkbox"/> Manual Firing Display <input type="checkbox"/> Electrical Firing Display | <input type="checkbox"/> Installation of Set Piece <input type="checkbox"/> Installation of Electrical Firing System <input type="checkbox"/> Tending Magazine <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ |
|---|--|

5. Permit No. _____ Date of Display: _____

Check appropriate duties performed:

- | | |
|---|--|
| <input type="checkbox"/> Installation of Mortars <input type="checkbox"/> Loading Shells <input type="checkbox"/> Clean-Up/Inspection <input type="checkbox"/> Manual Firing Display <input type="checkbox"/> Electrical Firing Display | <input type="checkbox"/> Installation of Set Piece <input type="checkbox"/> Installation of Electrical Firing System <input type="checkbox"/> Tending Magazine <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ |
|---|--|

6. Permit No. _____ Date of Display: _____

Check appropriate duties performed:

- | | |
|---|--|
| <input type="checkbox"/> Installation of Mortars <input type="checkbox"/> Loading Shells <input type="checkbox"/> Clean-Up/Inspection <input type="checkbox"/> Manual Firing Display <input type="checkbox"/> Electrical Firing Display | <input type="checkbox"/> Installation of Set Piece <input type="checkbox"/> Installation of Electrical Firing System <input type="checkbox"/> Tending Magazine <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ |
|---|--|

GENERAL OPERATOR EXAMINATION

Date Completed: _____
 (Required for initial certification or if your certification has expired)

TRAINING COURSE

For **initial** certification, an approved training course must be completed in the three years immediately preceding the initial application.

To **renew** certification, an approved training course must be completed between the valid date and expiration date of the current certification.

Date: _____ Location: _____ Instructor: _____

APPLICANT SIGNATURE

I hereby certify the information contained in this application to be true and correct to the best of my knowledge.

Applicant Signature

Date