



**Office of the State Fire Marshal  
State Fire Marshal**

560 Jefferson Boulevard, Warwick, RI 02886  
Telephone: (401) 889-5555 — Fax: (401) 889-5533

Elizabeth Tanner, Esq.  
Director  
Department of Business Regulations

Timothy P. McLaughlin  
State Fire Marshal  
Office of the State Fire Marshal

**Application for Verification of Competency and Insurance Coverage**

\* Indicates required information

**\*Application Date**

\_\_\_\_\_

**This form must be  
approved by the Office of  
the State Fire Marshal**

**\*Show Date Start**

\_\_\_\_\_

**\*Show Date End**

\_\_\_\_\_

**\$50.00 fee must be attached**

**Display Location**

\*Location Name \_\_\_\_\_

Plat \_\_\_\_\_ Lot \_\_\_\_\_

Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

\*Address \_\_\_\_\_

\*City \_\_\_\_\_ State RI \*Zip \_\_\_\_\_

**Applicant**

\*Company \_\_\_\_\_

\*First Name \_\_\_\_\_ \*Last Name \_\_\_\_\_

\*Address \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_

\*Phone \_\_\_\_\_ \*Email Address \_\_\_\_\_

**Property Owner of Show Location**

\*Company \_\_\_\_\_

\*First Name \_\_\_\_\_ \*Last Name \_\_\_\_\_

\*Address \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_

\*Phone \_\_\_\_\_

**RI Licensed Technician 1**

\*First Name \_\_\_\_\_ \*Last Name \_\_\_\_\_  
\*Address \_\_\_\_\_  
\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_  
\*Phone \_\_\_\_\_ \*License Number \_\_\_\_\_

**RI Licensed Technician 2**

\*First Name \_\_\_\_\_ \*Last Name \_\_\_\_\_  
\*Address \_\_\_\_\_  
\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_  
\*Phone \_\_\_\_\_ \*License Number \_\_\_\_\_

**Technician Employer**

\*Fireworks/Pyrotechnics Company \_\_\_\_\_  
\*Address \_\_\_\_\_  
\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_  
\*Phone \_\_\_\_\_

**Insurance Information**

\*Insurance Company \_\_\_\_\_  
\*Policy # \_\_\_\_\_  
\*Effective Date \_\_\_\_\_  
\*Expiration Date \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE  
LICENSED TECHNICIAN