



RHODE ISLAND DEPARTMENT OF PUBLIC SAFETY

State Fire Marshal

1951 Smith Street, North Providence, RI 02911
Telephone: (401) 383-7717 — Fax: (401) 415-8608

Colonel Ann C. Assumpico
Director, Department of Public Safety
Superintendent, Rhode Island State Police

John E. Chartier, EFO
State Fire Marshal
Division 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 RI State Fire
Marshals Office

***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 _____



RHODE ISLAND DEPARTMENT OF PUBLIC SAFETY

State Fire Marshal

1951 Smith Street, North Providence, RI
Telephone: (401) 462-4200 — Fax: (401) 415-8608

Colonel Ann C. Assumpico
Director, Department of Public Safety
Superintendent, Rhode Island State Police

John E. Chartier, EFO
State Fire Marshal
Division of the State Fire Marshal

Application for Verification of Competency and Insurance Coverage
(Continued)

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