



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

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Director
Department of Business Regulations

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

Application for Outdoor Fireworks Display

* Indicates required information

***Application Date**

THIS FORM MUST BE
APPROVED BY THE LOCAL
FIRE AUTHORITY

***Show Date**

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

*First Name _____ *Last Name _____
*Address _____
*City _____ *State _____ *Zip _____
*Phone _____ *License Number: FT- _____

Technician Employer

*Fireworks/Pyrotechnics Company _____
*Address _____
*City _____ *State _____ *Zip _____
*Phone _____

Insurance Information

*Insurance Company _____
*Policy # _____
*Effective Date _____
*Expiration Date _____

***Required Attachments:**

- Site Plan
- Copy of Explosives Transport Permit
- Listing of number, size, and types of Shells
- Identification of manner and place of fireworks storage
- Name, address, and telephone number of all assistants
- If non-resident of Rhode Island, letter from attorney in accordance with RIGL 23-28.11-8

*Applicant Signature