



**RHODE ISLAND DEPARTMENT OF PUBLIC SAFETY**

**State Fire Marshal**

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

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 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 \_\_\_\_\_



**RHODE ISLAND DEPARTMENT OF PUBLIC SAFETY**

**State Fire Marshal**

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

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 Outdoor Fireworks Display**

**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