



# RHODE ISLAND DEPARTMENT OF PUBLIC SAFETY

## State Fire Marshal

1951 Smith Street, 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 Flame Effect Permit (\* indicates required information)

**\*Application Date** \_\_\_\_\_

### Classification of Flame Effect System (\*check all that apply:)

- Group I Flame Effect**  
Hand-held burning torches, cigarette lighters, candles, matches, and lighting paper in an ashtray.
- Group II Flame Effect.**  
Unattended torches, burning urns, and small fires.
- Group III Flame Effect.**  
Effects used by traveling shows and concerts and effects used for limited-duration special events
- Group IV Flame Effect.**  
A burning cabin or bonfire and large single or multiple flaming brazier entrance features used to create a “theme” atmosphere. A stand-alone-type flame effect control system without any significant control supervision by a main show control system is used.
- Group V Flame Effect.**  
A simulated building or vehicle explosion that is part of a larger theme-type attraction. The flame effect control system is totally dedicated to the operation of the flame effect elements. The flame effect control system maintains all its internal safety features, with the interface between the flame effect control system and the main show control system limited to those commands and status indicators that cannot alter or override the flame supervisory system control logic.
- Group VI Flame Effect.**  
A live-action stunt show that is part of a larger theme-type attraction. The flame effect control system is totally dedicated to the operation of the flame effect elements. The flame effect control system maintains all its internal safety features, with the interface between the flame effect control system and the main show control system limited to those commands and status indicators that cannot alter or override the flame supervisory system control logic.
- Group VII Flame Effect.**  
A fire created as part of an illusion used to make an item or individual disappear.



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### Application for Flame Effect Permit

Plan for the use of flame effects shall include the following:

- a. A narrative description of the flame effect
- b. The location of flame effect devices to be fired and their controls and control sequence
- c. The area affected by the flame effect device
- d. The location of the audience
- e. The fuels used and their estimated consumption
- f. Air for combustion and ventilation for indoor effects
- g. Flammable materials piping
- h. Storage and holding areas and their capacities
- i. Supplemental fire protection features
- j. Emergency response procedures
- k. Means of egress

**The following is not required if an application for fireworks/pyrotechnics permit accompanies this application**

**\*Show Start Date** \_\_\_\_\_ **\*Show End 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 \_\_\_\_\_

#### **Property Owner of Show Location**

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

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

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

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

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



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**Application for Flame Effect Permit**

**RI Licensed Technician**

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

**Technician Employer**

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

**Insurance Information**

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

\_\_\_\_\_  
\*Applicant Signature