



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

560 Jefferson Boulevard, Warwick, RI 02886  
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Elizabeth Tanner, Esq.  
Director  
Department of Business Regulations

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

**Application for Indoor Pyrotechnics Display**

\* Indicates required information

**\*Application Date**

\_\_\_\_\_

**\*Show Start Date**

\_\_\_\_\_

**\*Show End Date**

\_\_\_\_\_

THIS FORM MUST BE  
APPROVED BY THE LOCAL  
FIRE AUTHORITY UNLESS  
THE SHOW IS ON STATE  
PROPERTY

**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: PT- \_\_\_\_\_

**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