



FP-076
(REV. 12.1.2015)

*The Commonwealth of Massachusetts
Executive Office of Public Safety and Security
Department of Fire Services*

P.O. Box 1025 ~ State Road

Stow, Massachusetts 01775

(978) 567~3700 Fax: (978) 567~3199



APPLICATION FOR PYROTECHNIC USER'S CERTIFICATE

CHECK ONE: NEW RENEWAL PY # _____

I. APPLICATION INSTRUCTIONS

- Type or print in ink all items on this form, sign the form in Section V.
- Include a legible copy of your valid ATF License/Permit or extension letter.
- Include a copy of your ATF Notice of Clearance listing Responsible Person(s) and Employee Possessors.
- Include evidence of valid liability insurance coverage in the form of a Certificate issued by the insurance agency to the Marshal's Office listing the name and claims representative, providing general liability in the amount of \$1,000,000 per occurrence and \$1,000,000 aggregate coverage. Your insurance company must be licensed by the Massachusetts Division of Insurance.
- Include evidence of a valid fireworks bond with a minimum amount of \$15,000.00 or 'Continuation Letter' from your bond company. The Continuation Letter must include a "paid to" date.

If your Certificate of Insurance or your Bond is not available at the time, please send the completed application and any other necessary documents, with a note that indicates the certificate of insurance and/or bond will be sent at a later date.

All applications must be submitted to the Division of Fire Safety at the address above at least 30 days prior to expiration. Incomplete applications will be returned. Any delay in the issuance of a license or permit, due to an incomplete filing, will be the sole responsibility of the applicant.

II. APPLICANT INFORMATION (OWNER OR PRINCIPLE OF COMPANY)

Note: All businesses conducting work in the Commonwealth of Massachusetts must be registered as a Business Entity with the Secretary of State's Office.

Name of Applicant: _____ Date of Birth: _____
(Last) (First) (Middle) (Month) (Day) (Year)

Street Address: _____
(Residential address required) City/Town, State, Zip

Mailing Address (if different): _____
City/Town, State, Zip

Email Address: _____

(All renewal notices will be electronically, not by regular, effective immediately.)

Are you a U.S. Citizen: { } YES { } NO (If you answered NO, then you must attach copies of your federal documents showing your INS-issued alien number or admission number and social security card.)

Height: _____ Weight: _____ Eyes: _____ Hair: _____ Gender: _____

Present Employer: _____ Phone Number: _____
(Name)

Position Held: _____ How Long Employed at This Position: _____

How many continuous years have you been associated with the fireworks/special effects industry? _____

III. COMPANY INFORMATION

Name of Company or Firm making application: _____

Federal Employer Identification Number: _____

Street Address: _____
Residential address required City/Town, State, Zip

Business (Mailing) Address: _____
City/Town, State, Zip

Phone Number: _____ -- _____ (please indicate if this is a mobile phone)

My current Massachusetts Fireworks/Special Effects Users Certificate number is: _____ Expires on: _____

I attest that I understand the contents of 527 CMR 1.00 and M.G.L. c. 148.

I understand that I am to maintain liability insurance coverage in the form of a certificate issued by the insurance agency to the Marshal's Office listing the name and claims representative and providing general liability in the amount of \$1,000,000 per occurrence and \$1,000,000 aggregate coverage with a 30 day cancellation notice to the Marshal.

{ } YES { } NO

I attest that all fireworks/special effects materials shall be transported, stored and handled or used according to all the Requirements of 527 CMR 1.00 and all applicable Federal regulations.

{ } YES { } NO

My Federal Importer, Manufacturer or Dealer License Number is: _____

My Federal Fireworks/Special Effects User Permit Number is: _____

IV. GENERAL – ALL QUESTIONS MUST BE ANSWERED

Are you under indictment in any court for a felony, or any crime, for which the judge could imprison you for more than year? YES NO

Have you ever had a license, certificate, permit or right to use fireworks/special effects suspended or revoked in any state or federal jurisdiction? YES NO

Have you ever been involved in any incident(s) resulting from the use of Fireworks/Special Effects, which resulted in personal injury or property damage in any state? YES NO

Any question answered “Yes” must be explained on an attached sheet of paper

V. APPLICANT CERTIFICATION

A. I attest that I have reviewed and am familiar with all Commonwealth of Massachusetts Fireworks/Special Effects Laws and Regulations, and all federal laws and regulations relative to the transportation, possession and use of pyrotechnic materials, including but not limited to 18 U.S.C. 40, and 27 C.F.R. 555, as amended. I hereby consent to the release of all personal records containing data relative to this application, maintained by any individual or agency. I certify that I am authorized to execute this application.

I acknowledge that all renewal notices will be sent electronically to the applicant listed herein. Mailing will no longer be an option in matters relative to the status of this application.

B. Pursuant to Massachusetts General Laws, Chapter 62C, Section 49A, I certify under the penalties of perjury that to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required under law and otherwise complied with all other provisions of said statute.

C. My company/corporation has filed any and all appropriate paperwork with the MA Secretary of State Division of Corporations.

D. I acknowledge that I must maintain the required insurance and bond as a condition of maintaining a valid Pyrotechnic Users Certificate.

I declare under the penalty of perjury that the statements and information provided herein are true as of the date of this application. I am aware that there are significant penalties for submitting false information, including possible fines, civil penalties and imprisonment.

Signature: _____ Date: _____

Print Name and Title (Owner/Corporate Officer): _____