



**Office of the State Fire Marshal
Attn: Pyrotechnic Licensing Division
1035 Stevenson Drive
Springfield, Illinois 62703-4259**

Application to Register Pyrotechnic Assistant

Before an Assistant begins work on a pyrotechnic display or pyrotechnic service, the Pyrotechnic Distributor or Production Company must register the Assistant with the Office of the State Fire Marshal (OSFM) pursuant to the Pyrotechnic Distributor and Operator Licensing Act 225 ILCS 227 ("Act"). Please provide the following information:

PART A – TO BE COMPLETED BY THE PYROTECHNIC DISTRIBUTOR OR PRODUCTION COMPANY:

1. Name and Address of Pyrotechnic Distributor/
Production Company

License:

Name: _____
Address: _____
City: _____ State: _____
Zip Code: _____ County: _____
Phone: () _____
Fax: _____
E-Mail Address: _____

Distributor/Production Company's
License No: _____

2. Name / Address of Assistant:

Name: _____
Address: _____
City: _____ State: _____
Zip Code: _____ County: _____
Phone: () _____

<p><u>Driver's License or State Issued ID:</u></p> <p>State Issuing License or ID: _____</p> <p>License or ID No.: _____</p> <p><i>Attach a legible copy of the Assistant's current Driver's License or State Issued Identification Card to this Report</i></p>

3. Date Assistant will begin performing activities related to pyrotechnic displays: _____.

I certify that the Pyrotechnic Assistant identified in item 2 above, is employed by the above-listed Pyrotechnic Distributor as an employee, or is insured as an additional named insured on the Pyrotechnic Distributor or Production Company's product liability and general liability insurance.

I further certify that that I am authorized to sign this report on behalf of the above-listed Pyrotechnic Distributor or Production Company, and that all information contained herein is accurate and true.

Signature: _____
Print Name: _____
Title: _____

Date: _____

Application to Register Pyrotechnic Assistant

PART B – TO BE COMPLETED BY THE PYROTECHNIC ASSISTANT:

4. Full Name (First, Middle, Last, suffix):_____.

5. Date of Birth (Day/Month/Year):_____.

Each of the following questions must be answered by checking the “Yes” or “No” box. Give full details on a separate sheet for each “Yes” answer.

- | | Yes | No |
|--|--------------------------|--------------------------|
| 6. Has a court ever declared you incompetent by reasons of mental or physical defect or disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have an addiction to or dependency on alcohol or drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. In the past 5 years, has any court in any jurisdiction convicted you of any felony? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are you a fugitive from justice? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever willfully violated any provisions of the Pyrotechnic Distributor and Operator Licensing Act, 225 ILCS 227 (“Act”)? | <input type="checkbox"/> | <input type="checkbox"/> |

The undersigned certifies that I have read the Illinois Statutes 225 ILCS 227 (Pyrotechnic Distributor and Operator Licensing Act), 425 ILCS 35 (Pyrotechnic Use Act), and Rules 41 Ill. Admin. Code 230 & 235. (The Office of the State Fire Marshal (“OSFM”) has posted copies of these documents on its website: www.sfm.illinois.gov.)

The undersigned further certifies that all information and documents submitted herewith are accurate, true and complete. My signature authorizes the Office of the State Fire Marshal to verify the answers I have given in response to Questions 7 and 8 with identified medical facilities and medical care providers related to the treatment of a mental or physical defect or disease, or addiction.

Failure to sign this form, submit necessary information, or provide attachments will cause delay in the date on which this Application is deemed submitted to the Office of the State Fire Marshal and will cause delay in the date on which the Assistant may be approved to perform activity related to a pyrotechnic display or pyrotechnic service.

Signature: _____

Print Name: _____

Title: _____

Date: _____