



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

Application for Pyrotechnic Distributor License

Any person, individual, firm, corporation, association, partnership, company, consortium, joint venture, commercial entity, state, municipality, or political subdivision of the state or any agency, department or instrumentality of the United States and any officer, agency or employee of these entities who distributes display fireworks for sale in the State of Illinois, or provides them as part of a pyrotechnic display service in the State of Illinois, or provides only pyrotechnic services must be licensed by 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:

- New
- Renewal (License # _____)

1. Type of Distributor License:

- Outdoor Professional Proximate Audience Flame Effect

2. Name/Address and Tax Identification Number

Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ County: _____

Phone: _____ Fax: _____

E-Mail Address: _____

Registered Name of Business: _____

D.B.A. / Assumed Name of Business: _____

Soc. Sec. No. (For Sole Proprietorship or Individual)¹ _____

¹ The Identity Protection Act, 5 ILCS 179/1 *et seq.*, requires each local and State government agency to draft, approve, and implement an Identity-Protection Policy that includes a statement of the purpose or purposes for which the agency is collecting and using an individual’s Social Security Number (SSN). This statement of purpose is being provided to you because you have been asked by the OSFM to provide your SSN or because you requested a copy of this statement. You are being asked for your SSN for one or more of the following reasons: Internal verification and/or potential collection of fees, penalties or fines. We will only use your SSN for the purpose for which it was collected. We will not: Sell, lease, loan, trade, or rent your SSN to a third party for any purpose; Publicly

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Employer ID No. (FEIN): _____

3. All Applicants Must Submit the Following:

A. Current List of Officers

The applicant must submit a complete and current list of all officers, their current personal addresses, and copies of their driver's licenses (or other government issued ID showing date of birth and photograph). Submit as Attachment A. **Initial:** _____

The applicant must submit a list of all officers licensed as Lead Pyrotechnic Operators, and identify each officer's BATFE, IDNR and OSFM licenses. Submit as Attachment B. **Initial:** _____

B. BATFE License

The applicant must submit a copy of the applicant's current Bureau of Alcohol, Tobacco, Firearms and Explosives (BATFE) license for distribution of display fireworks or proof from BATFE that the license is in the process of being renewed. Submit as Attachment C. **Initial:** _____

OR

The applicant may seek an exemption if it distributes only flame effect pyrotechnic displays, and with regard to the services it provides, the applicant does not transport, receive, distribute, possess, store, or acquire for use any material that requires a BATFE license. Submit supporting Affidavit as Attachment D. **Initial:** _____

C. IDNR License

The applicant must submit proof of successful completion of the Illinois Department of Natural Resources (IDNR) training program by listing each Officer's current IDNR License number and expiration date. Submit as Attachment E. **Initial:** _____

OR

If the applicant distributes only flame effect displays, the applicant must submit proof of successful completion of the flame effect written examination administered by the Office of the State Fire Marshal. Submit as Attachment F. **Initial:** _____

D. Products Liability Insurance

The applicant must submit a currently valid Certificate of Insurance showing proof of not less than \$1,000,000 in products liability insurance. Submit as Attachment G. **Initial:** _____

post or display your SSN; Print your SSN on any card required for you to access our services; Require you to transmit your SSN over the Internet, unless the connection is secure or your SSN is encrypted; or Print your SSN on any materials that are mailed to you, unless state or federal law requires that number to be on documents mailed to you, or unless we are confirming the accuracy of your SSN.

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** See Insurance Note Below.*

E. General Liability Insurance

The applicant must submit a currently valid Certificate of Insurance showing proof of not less than \$1,000,000 in general liability insurance. Submit as Attachment G. **Initial:** _____

** See Insurance Note Below.*

F. Illinois Worker's Compensation Insurance

The applicant must submit a currently valid Certificate of Insurance showing proof of Illinois Worker's Compensation Insurance. Submit as Attachment H. **Initial:** _____

OR

The undersigned certifies that the applicant is a sole proprietorship, partnership, or limited liability company, and that the sole proprietor, partners and/or members of the limited liability company have elected not to provide and pay compensation for accidental injuries sustained by said sole proprietor, partners and/or members of the limited liability company pursuant to the provisions of Section 3(20) of the Illinois Workers' Compensation Act, 820 ILCS 305/3(20). **Initial:** _____

** Insurance Note: The Products Liability and General Liability insurance coverage shall provide for 30 days minimum coverage prior to written notice of cancellation to OSFM. Such insurance coverage shall be an "occurrence based" policy, and it shall cover all periods of time when pyrotechnic materials, including flame effect materials, are in the insured's actual or constructive possession, including those times when the materials are being stored, transported, handled, used, discharged and displayed.*

G. USDOT Identification Number and Hazardous Materials Registration Number

The applicant must submit proof of a valid United States Department of Transportation (USDOT) Identification Number along with a current USDOT Hazardous Materials Registration Number. Submit as Attachment I. **Initial:** _____

OR

The applicant may seek an exemption if it distributes only flame effect pyrotechnic displays, and/or it never transports materials in quantities that require registration with the USDOT. Submit supporting Affidavit as Attachment D. **Initial:** _____

H. List of Pyrotechnic Licenses

The applicant must submit a list of all pyrotechnic licenses issued to the applicant by other states. Submit as Attachment J. **Initial:** _____

I. Fingerprint Based Background Check Requirements

By initialing and signing below, the undersigned certifies that the applicant has submitted the fingerprints of its lead pyrotechnic operator (on its behalf) to the Illinois Department of State Police

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(ISP), to enable ISP to conduct a criminal history check. Please refer to the application instructions for further information and live-scan vendors. **Initial:** _____

OR

The undersigned certifies that the fingerprint card was previously submitted on a prior license application. **Initial:** _____

J. Compliance with the Pyrotechnic Distributor and Operator Licensing Act

By initialing and signing below, the undersigned certifies that the applicant has not willfully violated any provisions of the Pyrotechnic Distributor and Operator Licensing Act, 225 ILCS § 227. **Initial:** _____

By initialing and signing below, the undersigned certifies that the applicant has not made any material misstatement or knowingly withheld information in connection with any original or renewal application filed pursuant to the Pyrotechnic Distributor and Operator Licensing Act. **Initial:** _____

4. Licensing Fees:

Pyrotechnic Distributor License and each renewal	\$500
Replacement license (lost, stolen, or destroyed) or Duplicate license (worn, damaged, or address change)	\$25

PLEASE NOTE: DO NOT REMIT PAYMENT with this application. OSFM will invoice you once your application has been reviewed and approved. Pursuant to Section 50(c) of the Act, 225 ILCS 227/50(c), all funds paid under this Act are non-refundable.

If you have not completed this application fully, your application will be denied.

Verification

I certify 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.)

Additionally, I certify that I am authorized to sign this application on behalf of the applicant and that all information and documents submitted herewith are accurate, true, and complete. I further certify that during the term of its license, the distributor will maintain all licensing requirements and qualifications, including but not limited to, required insurance/financial responsibility, licenses, letter of clearance and certifications.

Signature: _____

Print Name: _____

Title: _____

Date: _____

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Attachment A – List of Officers²

OFFICER'S FULL NAME (FIRST, MIDDLE, LAST)	RESIDENTIAL ADDRESS	TITLE	DATE OF BIRTH (MONTH/DAY/YEAR)	STATE ISSUING; DRIVER'S LICENSE OR ID CARD NO. (COPIES ATTACHED)

² "Officer" means:
if the business is a sole proprietorship, the owner of the business or any person exercising managerial control; or if the business is a partnership, any partner who has at least 10% ownership interest or any partner who exercises managerial control; or if the business is a corporation, any officer or director of the corporation or any person who has at least 10% ownership interest in such corporation or who exercises managerial control.

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Attachment B – List of Officers Licensed as Lead Pyrotechnic Operators

OFFICER'S NAME	BATFE LICENSE OR LETTER OF CLEARANCE	IDNR LICENSE	OSFM LICENSE
	License No.: Type: Issued: Expires:	License No.: Type: Issued: Expires:	License No.: Type: Issued: Expires:
	License No.: Type: Issued: Expires:	License No.: Type: Issued: Expires:	License No.: Type: Issued: Expires:
	License No.: Type: Issued: Expires:	License No.: Type: Issued: Expires:	License No.: Type: Issued: Expires:
	License No.: Type: Issued: Expires:	License No.: Type: Issued: Expires:	License No.: Type: Issued: Expires:
	License No.: Type: Issued: Expires:	License No.: Type: Issued: Expires:	License No.: Type: Issued: Expires:
	License No.: Type: Issued: Expires:	License No.: Type: Issued: Expires:	License No.: Type: Issued: Expires:
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	License No.: Type: Issued: Expires:	License No.: Type: Issued: Expires:	License No.: Type: Issued: Expires:

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Attachment E – List of Officers’ IDNR Licenses

OFFICER’S NAME	IDNR LICENSE NUMBER	IDNR LICENSE EXPIRATION DATE

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Attachment J – List of Pyrotechnic Licenses Held by Distributor in Other States

NAME ON LICENSE	STATE	ISSUING AGENCY	TYPE OF LICENSE	LICENSE NO. AND EFFECTIVE DATES
				License No.: Issued: Expires:

4. [Only those applicants seeking exemption from providing a United States Department of Transportation (USDOT) Identification Number and/or a USDOT Hazardous Materials Registration Number must complete a. and/or b. and must complete c. of paragraph 4.]
- a. The applicant distributes only flame effect pyrotechnic displays. Initial:_____ **and/or**
 - b. The applicant never transports materials in quantities that require registration with USDOT. Initial:_____
 - c. The materials used by the applicant in the display services provided by the applicant are:

[You must identify all materials used for the display services AND the quantity of each material transported for the displays].

Initial:_____

5. Further affiant sayeth not.

Under penalties of perjury as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, 735 ILCS 5/1-109, the undersigned certifies that the statements set forth in this affidavit are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that she/she verily believes the same to be true.

[Signature]

[Print Name and Title of Individual]

[Print Name of Pyrotechnic Distributor Applicant]

Subscribed and Sworn to
 Before me this _____ day of
 _____, 20____.

 NOTARY PUBLIC

Seal: