



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

**Application for Pyrotechnic Operator License**

Any person with overall responsibility for the safety, setup, discharge, and supervision of the detonation, ignition, or deflagration of display fireworks, special effects, or flame effects to produce a visual or audible effect in Illinois 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 License:**

- Outdoor Professional     Proximate Audience     Flame Effect

**2. Name/Address of Operator Applicant and Pyrotechnic Distributor/Production Company**

Name of Operator: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**Pyrotechnic Distributor/Production**

Company's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

## Application for Pyrotechnic Operator License

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                       |
|--|--------------------------|--------------------------|
| 3. Has a court ever declared you incompetent by reasons of mental or physical defect or disease?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have an addiction to or dependency on alcohol or drugs?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you a fugitive from justice?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. In the past 5 years, has any court in any jurisdiction convicted you of any felony?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. 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"/> |
| 8. Have you made a material misstatement or knowingly withheld information in connection with any original or renewal license application? | <input type="checkbox"/> | <input type="checkbox"/> |

9. All Applicants Must Attest to or Submit the Following:

A. Age

By initialing and signing below, the undersigned certifies that the applicant is at least 21 years of age. The applicant must submit a copy of his/her current driver’s license or other government issued identification that includes the date of birth and photograph. Submit as Attachment A. **Initial:** \_\_\_\_\_

B. Photograph

The applicant must submit a photograph (1¼ X 1½) taken within the preceding 2 years. The photograph must be clear, front view, full face, head and shoulders only, without sunglasses, hats, scarves, or any object that obscures the identity of the applicant. Submit as Attachment B. **Initial:** \_\_\_\_\_

C. BATFE license

The applicant must submit a copy of the applicant’s current license issued by the Bureau of Alcohol, Tobacco, Firearms and Explosives (BATFE), or an Employee Possessor Letter of Clearance issued to the licensed distributor through which this operator’s license will be held, or proof from the BATFE that a license is in the process of being renewed. Submit one of the following as Attachment C: Applicant’s license, Letter of Clearance or supporting Affidavit if applicant’s BATFE license or Letter of Clearance has been applied for but not yet received. **Initial:** \_\_\_\_\_

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**OR**

The applicant may seek an exemption if he/she only participates in the safety, setup, discharge and supervision of flame effect pyrotechnic displays. With regard to the services that the applicant provides, the applicant must not transport, receive, distribute, possess, store, or acquire for use any material that requires a BATFE license. Submit supporting Affidavit as Attachment C. **Initial:** \_\_\_\_\_

D. Pyrotechnic licenses

The applicant must submit a list of all previous production company licenses held by the applicant and pyrotechnic licenses issued to the applicant by other states. Submit as Attachment D. **Initial:** \_\_\_\_\_

E. Fingerprint Based Background Check Requirements

By initialing and signing below, the applicant certifies that the applicant has submitted fingerprints certified by the Illinois Department of State Police (ISP), to enable ISP to conduct a criminal history check. Please refer to the application instructions for further information and a list of live-scan vendors. **Initial:** \_\_\_\_\_

**OR**

By initialing and signing below, the applicant certifies that the fingerprint card was previously submitted on a prior license application. **Initial:** \_\_\_\_\_

F. IDNR License

The applicant must submit proof of successful completion of the Illinois Department of Natural Resources (IDNR) training program by listing a current IDNR individual explosive license number and expiration date. **Initial:** \_\_\_\_\_

Name: \_\_\_\_\_

IDNR License Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**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 E. **Initial:** \_\_\_\_\_

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### G. REFERENCES (NEW APPLICATIONS ONLY – ALL LEAD PYROTECHNIC OPERATORS)

The applicant is required to submit references from at least 3 individuals who are not affiliated with the Pyrotechnic Distributor who employs the applicant, who can verify the experience reported or any training received by the applicant. All references must include the name, address, phone number, and agency or organization represented by the person submitting the reference. These references can be from permitting officials, law enforcement officials who had oversight at a display, fire department personnel who approved and reviewed pyrotechnic displays performed by the applicant in the past, and other individuals who can attest to the applicant's training, experience, and manner in performing displays. In addition, these letters should identify the basis for the opinion expressed in the letter, i.e., how does that person know the applicant and what facts support the opinion expressed in the letter. A copy of a fully signed Illinois Display Report may serve as a letter of reference. OSFM will accept any combination of letters of reference and/or Display Reports totaling the required three references. Submit letters of reference and/or Display Reports as Attachment F. **Initial:** \_\_\_\_\_

#### 10. Outdoor Professional License Applicants

##### RENEWAL APPLICATIONS ONLY

The applicant must submit proof that during the last 3 years he/she has performed the services of a lead pyrotechnic operator in at least 2 outdoor professional pyrotechnic displays. Submit Illinois Display Reports as Attachment G. **Initial:** \_\_\_\_\_

#### 11. Proximate Audience License Applicants

##### NEW APPLICATIONS ONLY

a) The applicant must have actively participated in the safe performance of at least 10 proximate audience displays. The applicant must have performed the duties of a lead operator in at least 2 of these displays (either pursuant to a license from another state or under the supervision of a lead operator). See Acceptable documentation below and Submit as Attachment H. **Initial:** \_\_\_\_\_

##### Acceptable Documentation

- A copy of a display permit from an issuing authority that lists the applicant as an operator or assistant, including a letter from the issuing authority documenting that there were no injuries or property damage sustained from the display; or
- A copy of the Illinois Display Report (See 41 Ill. Admin. Code 230.200).

b) The applicant acknowledges that before receiving a license, he/she must achieve a passing score of at least 80% on the proximate audience written examination administered by OSFM. **Initial:** \_\_\_\_\_

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### RENEWAL APPLICATIONS ONLY

During the last 3 years the applicant must have participated in at least 6 proximate audience displays. Submit Illinois Display Reports as Attachment I. **Initial:** \_\_\_\_\_

### 12. Flame Effect License Applicants

#### NEW APPLICATIONS ONLY

The applicant must have actively participated as a lead operator or assistant in the safe performance of at least 10 flame effect displays. The applicant must have performed the duties of a lead operator in at least 2 of these displays (either pursuant to a license from another state or under the supervision of a lead operator). See Acceptable documentation below and Submit as Attachment J. **Initial:** \_\_\_\_\_

#### Acceptable Documentation

- A copy of a display permit from an issuing authority that lists the applicant as an operator or assistant, including a letter from the issuing authority documenting that there were no injuries or property damage sustained from the display; or
- A copy of the Illinois Display Report (See: 41 Ill. Admin. Code 230.200).

#### RENEWAL APPLICATIONS ONLY

During the last 3 years the applicant must have participated in at least 6 flame effect displays. Submit Illinois Display Reports as Attachment K. **Initial:** \_\_\_\_\_

### 13. Continuing Education (RENEWAL APPLICATIONS ONLY)

The applicant must submit a Continuing Education Record(s) documenting at least 6 class hours of continuing education for each type of pyrotechnic license he/she holds. Submit as Attachment L - Continuing Education Record. **Initial:** \_\_\_\_\_

### 14. License Fee:

Outdoor Professional License and each renewal	\$100
Proximate Audience License, Limited Proximate Audience License and each renewal	\$300
Flame Effect License, Limited Flame Effect License and each renewal	\$300
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.**

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

**Verification and Authorization of Applicant**

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](http://www.sfm.illinois.gov).)

Additionally, I certify 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 3 and 4 with identified medical facilities and medical care providers related to the treatment of a mental or physical defect or disease, or addiction.

I further certify that during the term of my license, I will maintain all licensing requirements and qualifications, including but not limited to, required insurance/financial responsibility, licenses, letters of clearance and certifications.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

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**Verification of Licensed Pyrotechnic Distributor/Production Company**

The **Pyrotechnic Distributor** attests that it currently employs the above-listed Operator applicant. **Initial:** \_\_\_\_\_

**OR**

The **Production Company** or **Limited Pyrotechnic Distributor** attests that it currently employs the above-listed Operator or insures the above-listed Operator applicant as an additional named insured on its general liability insurance. **Initial:** \_\_\_\_\_

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](http://www.sfm.illinois.gov).)

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

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

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**Attachment D – List of Licenses Issued by Other States and Previous Production Company Licenses Held by Operator\***

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

**\*For Production Company Lead Operator applicants, include all previous production company licenses held by the operator.**

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**FOR OFFICIAL USE ONLY**

Accepted \_\_\_\_\_

Denied \_\_\_\_\_

Comments \_\_\_\_\_

**Attachment L - Continuing Education Record**

Licensees must provide evidence of satisfactory completion of *at least 6 hours of continuing education in their respective area of licensure to ensure continued qualification of the licensee.* Please note, this means that if you have all three types of licenses you are required to have at least 6 hours of continuing education in each discipline. Continuing education may be conducted by a federal or state agency, by an independent organization that has experience in the subject matter, or by the distributor.

COMPLETE THIS FORM FOR EACH CLASS/SEMINAR/CONFERENCE FOR WHICH YOU ARE CLAIMING CONTINUING EDUCATION HOURS AND RETURN IT WITH YOUR LICENSE RENEWAL APPLICATION.

License for Which Continuing Education Hours Listed Below are to be Applied:

Outdoor Professional       Proximate Audience       Flame Effect

Existing OSFM License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name/Address of Licensee:

Name of Licensee: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Distributor: \_\_\_\_\_

**DISTRIBUTOR'S SIGNATURE**

By signing below, the Pyrotechnic Distributor hereby attests that it currently employs this Licensee and attests that said employee has completed this education.

Continuing Education Event Attended:

Course Title: \_\_\_\_\_ Hours in Class<sup>1</sup>: \_\_\_\_\_

Instructor(s) Name(s)<sup>2</sup>: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_ Location of Event: \_\_\_\_\_

Specifically list the topics covered<sup>3</sup>: \_\_\_\_\_

<sup>1</sup> Do not include meal time and breaks when calculating the hours in class training.

<sup>2</sup> If not included in the agenda or course outline, attach a biography of the instructor(s).

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<sup>3</sup> Submit an agenda or outline of the course. For courses with hours in more than one area of licensing, identify the hours spent on each area of licensing. Example: Outdoor Prof. 2.5 hours, Prox. Audience 3.0, Flame Effect 2.0.



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 of Applicant]

\_\_\_\_\_  
[Print Name of Pyrotechnic Operator Applicant]

\_\_\_\_\_  
[Print Name of Pyrotechnic Distributor]

Subscribed and Sworn to  
Before me this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

Seal: