



NEW HAMPSHIRE DEPARTMENT OF SAFETY
Division of Fire Safety | Office of the State Fire Marshal



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**APPLICATION FOR PYROTECHNIC EFFECT, FLAME EFFECT, OR SPECIAL EFFECTS
OPERATORS LICENSE, OR APPRENTICE LICENSE**

- New Application: \$200.00 (ENDORSEMENTS NOT INCLUDED)
- Renewal: \$100.00 Application (ENDORSEMENTS NOT INCLUDED)

Endorsements: (Please check applicable endorsements)

- Flame Effect Operator \$100.00 (Unrestricted)
- Pyrotechnic Operator \$100.00 (Unrestricted)
- Special Effect Operator \$100.00 (This is a restricted license, includes fire performers)
- Apprentice (No Endorsement fee)

In accordance with the provisions of Saf – C 6900, this application is submitted for the use of special effects, pyrotechnic effects, or flame effects before a proximate audience, performers or support personnel within the State of New Hampshire. If more space is required to fully answer the questions below, please attach additional sheets to the applicant.

1. Full Name: _____ DOB: _____
2. Age: _____ Primary Telephone: _____ Cell: _____
3. Address: _____
4. Present Employer: _____ Telephone: _____
5. Employer’s Address: _____
6. Current Position: _____
7. Do you hold a license or certificate for special, pyrotechnic, or flame effects before a proximate audience in another state? _____ If so, where? _____
License Numbers: _____
8. Have you had a license or certificate application denied by any state or local authority? _____
If yes, please explain in detail: _____
9. Have you had any previous license or certificate revoked or suspended? _____
If yes, please explain in detail: _____
10. How many years have you been engaged in the actual use of special, pyrotechnic, or flame effects before a proximate audience? _____
11. For what companies or other organizations have you worked in this capacity? _____

12. Are you a citizen of the United States or legally residing in this country? Yes / No (Check one) Please include a copy of your birth certificate, valid passport, resident, or work Visa.

13. Have you been convicted of a criminal offense that has not been annulled? Yes / No (Check One) If yes, please explain in detail: _____

14. Are you under indictment in any court for a crime punishable by imprisonment for a term exceeding one year? Yes / No (Check One) If yes, provide specific charge(s), to include dates, name, and location of the court: _____

15. Are you a fugitive from justice? Yes / No (Check One)

16. Have you ever been adjudicated for a mental defect or been committed to a mental institution? Yes / No (Check One) If yes, please explain: _____

17. Are you an unlawful user of, or addicted to, marijuana, depressants, stimulants, narcotics, or other controlled drugs? Yes / No (Check One) If yes, please explain: _____

18. Physical characteristics: Height _____ Weight _____ Hair Color _____ Eye Color _____

I certify that I have read the foregoing application and affirm that every statement contained herein is true and correct. I also certify that I am familiar with all state laws, regulations and local ordinances relating to the use and handling of these materials for the location in which I intend to conduct displays of special effects, pyrotechnic effects or flame effects. (*False statements made herein are punishable under RSA 641:3*)

Applicant Signature: _____ Date: _____

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<input type="checkbox"/> Back ground investigation complete	<input type="checkbox"/> Copy of I.D. or Driver's license
<input type="checkbox"/> Copy of birth certificate, passport, or Visa	<input type="checkbox"/> Endorsement letters provided
Examination Date: _____	Location: _____
Examiner Name: _____	Signature: _____
<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Written test score: _____	