

**OFFICE OF THE STATE FIRE MARSHAL**  
**800 SW JACKSON, STE 104, TOPEKA, KS 66612**  
**(785) 296-3401; FAX (785) 368-6559**

**BOTTLE ROCKET REGISTRATION INSTRUCTIONS**

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**Pursuant to K.A.R. 22-6-16, any manufacturer or wholesaler of bottle rockets who desires to store, handle, possess, or transport bottle rockets in this state for any use outside this state shall register annually with the office of the state fire marshal.**

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All fields should be filled out. Any information left blank could result in delay in processing your application.

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| 1. NAME (TO APPEAR ON CERTIFICATE):   | Business Name & Contact Person   |
| 2. PHYSICAL & MAILING ADDRESS:  | Business & Mailing address   |
| 3. FEDERAL/STATE SALES TAX ID #   | Provide Tax ID #s  |
| 4. CONTACT INFORMATION:   | Provide at least one contact number. If you wish to be notified when your registration expires, please provide an email address. |
| 5. THE APPLICANT IS:  | Indicate your business structure   |
| 6. DESCRIBE SPECIFIC BUSINESS ACTIVITY FOR WHICH REGISTRATION IS DESIRED                      | Must be specific.  |
| 7. ADDRESS OF STORAGE OR POINT OF TRANSPORT ORIGIN (INCLUDE BOTH STREET AND CITY INFORMATION) | Need actual location. "Out of state" will no longer be accepted.   |
| 8. POINT OF DISPOSITION OR TRANSPORT DESTINATION (INCLUDE BOTH STREET AND CITY INFORMATION)   | Need actual location. "Out of state" will no longer be accepted.   |
| 9. APPLICANT SIGNATURE  | Must be signed or it will be returned.   |
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**Checklist**

Have you completed and submitted the following?

Bottle Rocket Application

**Failure to fill out the application in full will cause a delay in processing your application.**

## OFFICE OF THE STATE FIRE MARSHAL BOTTLE ROCKET REGISTRATION

<input type="checkbox"/> New Registration <input type="checkbox"/> Renewal Registration	
EXPIRED REGISTRATION #	
1. NAME (TO APPEAR ON CERTIFICATE):  _____ Business Name  _____ Contact Person	3. FEDERAL SALES TAX ID #  _____  KS SALES TAX ID #  _____
2. PHYSICAL & MAILING ADDRESS:  _____  _____  _____ City                      County                      State                      ZIP	4. CONTACT INFORMATION: Business: (      ) Fax:      (      )  Email:
5. THE APPLICANT IS: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (specify)_____	
6. DESCRIBE SPECIFIC BUSINESS ACTIVITY FOR WHICH REGISTRATION IS DESIRED	
7. ADDRESS OF STORAGE OR POINT OF TRANSPORT ORIGIN (INCLUDE BOTH STREET AND CITY INFORMATION)	
8. POINT OF DISPOSITION OR TRANSPORT DESTINATION (INCLUDE BOTH STREET AND CITY INFORMATION)	
<p>Application is hereby made for registration to store, handle, possess and transport bottle rockets, sky rockets or moon rockets (as defined in K.S.A. 31-155) in the State of Kansas for use outside the State of Kansas in accordance with K.A.R. 22-6-16.</p>	

Under the penalties imposed by K.S.A. 21-3805, I declare that I have examined this application and documents submitted in support thereof, and to the best of my knowledge and belief, they are true, correct, and complete. I also certify that I am familiar with all published State laws and local ordinances relating to firework materials for the location in which I intend to do business.

9. APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FOR OSFM USE ONLY	
Permit #	REQ <input type="checkbox"/>

**RETURN COMPLETED APPLICATION TO THE OFFICE OF THE STATE FIRE MARSHAL, ATTN:  
INVESTIGATIONS DIVISION, 800 SW JACKSON STREET, SUITE 104, TOPEKA, KANSAS 66612. FAX  
NUMBER (785) 368-6559**