Replacement Permit Request Form

Name: ______________________________________________    DOB: ___________

Address: ______________________________________________________________

Contact Phone or E-mail: _________________________________________________

Permit Type:  ☐ FIREWORKS  ☐ EXPLOSIVES  Permit # _________________

Reason for Replacement Request:
☐ Lost  ☐ Stolen  ☐ Destroyed
☐ Other (please specify)  _________________________________________________

Additional Comments (briefly explain):
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

This form must be filled out in its entirety before your request will be processed. If you
have questions, please contact the Investigations Division at (785) 296-8984.

Signature: _________________________________________  Date: ______________

RETURN COMPLETED FORM TO:
KANSAS STATE FIRE MARSHAL’S OFFICE
ATTN: INVESTIGATIONS DIVISION
800 SW JACKSON ST STE 104
TOPEKA KS 66612
FAX (785) 368-6559