

OFFICE OF THE STATE FIRE MARSHAL

800 SW JACKSON, STE 104, TOPEKA, KS 66612

PHONE: (785) 296-3401 FAX: (785) 296-0151

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