

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

FIREWORKS OPERATOR PERMIT INSTRUCTIONS
(New Application)

Pursuant to K.A.R. 22-6-24, each person who operates an outdoor display of display fireworks shall obtain a permit from the office of the state fire marshal.

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

1. LEGAL NAME:	This should be your full legal name. No nicknames or abbreviations.
2. PHYSICAL ADDRESS:	Home address
3. MAILING ADDRESS:	Mailing address
4. REQUESTED EXAM DATE AND LOCATION:	Regional testing site date/location
5. CONTACT INFO:	Provide at least one contact number. If you wish to be notified when your permit expires, please provide an email address.
6. PERSONAL INFO:	All information is necessary to complete background.
7. PERMIT INFO:	All information must be filled out. Complete attached worksheet and submit with application.
8. SHOOT VERIFICATION:	Do not sign off on your own shoots. Give complete address of display site. City and state only will not be accepted.
9. APPLICANT SIGNATURE:	Applicant needs to sign this spot. Application will be returned if left blank.

Checklist

Have you completed and submitted the following?

- Display Operator Application
- Additional Permit(s) Worksheet
- Distributor Permit Application (if applicable)
- Display Fireworks Storage Site Permit (if applicable)

All applications and worksheets must be submitted before the application packet will be processed. Failure to fill out all necessary forms will cause a delay in processing your application and test site registration.

**OFFICE OF THE STATE FIRE MARSHAL
FIREWORKS OPERATOR PERMIT
(New Application)**

COMPLETE IN FULL - PRINT CLEARLY

1. LEGAL NAME:		4. REQUESTED EXAM DATE AND LOCATION:	
Last _____	First _____	Middle _____	_____
2. PHYSICAL ADDRESS:		5. CONTACT INFORMATION:	
_____		Home: ()	
City _____ State _____ ZIP _____		Mobile: ()	
3. MAILING ADDRESS:		Email: _____	

City _____ State _____ ZIP _____			
6. PERSONAL INFORMATION		7. PERMIT INFORMATION	
Date of Birth (MM/DD/YY): ____/____/____		Applicant will store display fireworks in Kansas? <input type="checkbox"/> No <input type="checkbox"/> Yes (See attachment)	
Driver's License (ID) _____ State: _____		Distributor Permit # _____ <input type="checkbox"/> Not Applicable (Complete worksheet)	
Current Age (in years) _____		Have you been convicted of a felony? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Are you a U.S. Citizen? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Height: _____ Weight: _____		Are you an employee of the state or any political taxing subdivision of the state and acting on their behalf? <input type="checkbox"/> No <input type="checkbox"/> Yes (See attachment)	
8. SHOOT VERIFICATION			
Display Date _____ Display Address _____ City: _____ State: _____			
Name of Permitted Operator _____ Permit # _____			
Signature of Permitted Operator _____			
Display Date _____ Display Address _____ City: _____ State: _____			
Name of Permitted Operator _____ Permit # _____			
Signature of Permitted Operator _____			
Display Date _____ Display Address _____ City: _____ State: _____			
Name of Permitted Operator _____ Permit # _____			
Signature of Permitted Operator _____			

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.

9. APPLICANT SIGNATURE _____ DATE _____

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

ADDITIONAL PERMIT(S) WORKSHEET

Distributor Permit

According to K.S.A. 31-502(d)(3): a distributor includes any person who produces, conducts or provides a permitted operator or imports any display fireworks or articles pyrotechnic of any kind within the state of Kansas for profit.

You will need a distributor permit if:

- (a) You are being paid or receiving money to produce or conduct a fireworks display.
- (b) You are raising money from the display (including non-profit organizations).

You do not need a distributor permit if:

- (a) You are employed with a company or organization that already has a distributor permit.
- (b) You are conducting a display where no money is received.

Please provide the distributor permit number that you are operating under. This will be either your employer or your personal permit. If you are conducting displays where no money is received, mark "not applicable".

For those individuals who are operating as an officer or employee of the state or any political taxing subdivision of the state, your agency will need a distributor permit.

Storage Permit

According to K.S.A 31-504, the owner of any display fireworks storage facility shall obtain a storage site permit from the state fire marshal for permanent or temporary storage. Storage permits are not required for day boxes used at a display site.

	Mark "X"	License #
I am employed with a company who has a distributor permit and am acting on their behalf. (Provide employer distributor permit #)	<input type="checkbox"/>	
I am operating as an employee of the state or any political taxing subdivision of the state and my employer provides the fireworks. (Provide employer distributor permit).	<input type="checkbox"/>	
I only do personal shoots where no money is involved. I purchase my own fireworks and discharge them.	<input type="checkbox"/>	N/A
None of the Above. Please provide explanation:		
I acknowledge it is my responsibility to get all applicable permits and that information regarding additional permitting has been provided to me.		
Signature: _____ Date: _____		

**RETURN COMPLETED APPLICATION AND WORKSHEET 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**