

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

FIREWORKS HOBBYIST MANUFACTURER INSTRUCTIONS

Pursuant to K.A.R. 22-6-22, each person engaged in the manufacture of consumer fireworks, display fireworks or pyrotechnic articles for that individual's personal use 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. EXPIRED HOBBYIST PERMIT # & DISPLAY OPERATOR PERMIT #	Please provide your expired hobbyist permit number and your display operator permit number
5. CONTACT INFORMATION:	Provide at least one contact number. If you wish to be notified when your permit expires, please provide an email address.
6. PERSONAL INFORMATION:	All information is necessary to complete background.
7. PERMIT INFORMATION:	All information must be filled out.
8. FIREWORKS STORAGE:	If "yes", a storage application must accompany this application.
9. STORAGE FACILITY INFORMATION:	Detailed information on fireworks storage.
10. APPLICANT SIGNATURE	Applicant needs to sign this spot. Application will be returned if left blank.

Checklist

Have you completed and submitted the following?

- Hobbyist Manufacturer Application
- Display Operator Permit Application
- 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.

OFFICE OF THE STATE FIRE MARSHAL FIREWORKS HOBBYIST MANUFACTURER PERMIT APPLICATION

COMPLETE IN FULL - PRINT CLEARLY			
1. LEGAL NAME: _____ Last First Middle	<input type="checkbox"/> New Application <input type="checkbox"/> Renewal Application		
2. PHYSICAL ADDRESS: _____ _____ City State ZIP	4. EXPIRED HOBBYIST PERMIT # DISPLAY OPERATOR PERMIT #		
3. MAILING ADDRESS: _____ _____ City State ZIP	5. CONTACT INFORMATION: Home: () Mobile: () Email:		
6. PERSONAL INFORMATION Date of Birth (MM/DD/YY): ____/____/____ Driver's License (ID) _____ State: ____ Current Age (in years) _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Height: _____ Weight: _____	7. PERMIT INFORMATION Have you been convicted of a felony? <input type="checkbox"/> No <input type="checkbox"/> Yes Are you a U.S. Citizen? <input type="checkbox"/> No <input type="checkbox"/> Yes Location of Manufacturing Operations: _____ Types of fireworks manufactured: _____		
8. FIREWORKS STORAGE Applicant will store display fireworks in Kansas? <input type="checkbox"/> No <input type="checkbox"/> Yes (If "yes", complete #9)			
9. STORAGE FACILITY INFORMATION: All of the storage facilities on the attached sheets, if any, meet the minimum requirements as set forth in NFPA 1123 (2006 edition) Yes <input type="checkbox"/> No <input type="checkbox"/> (If "No", explain on separate sheet)			
Location and description of each permanent storage facility (Attach separate sheet(s)) _____			
Type and description of each portable or mobile storage facility (Attach Separate sheets(s)) _____			

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.

10. APPLICANT SIGNATURE _____ DATE _____

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