

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

**PROXIMATE PYROTECHNIC OPERATOR PERMIT INSTRUCTIONS**  
(New Application)

**Pursuant to K.A.R. 22-6-25, each person who operates any indoor or outdoor pyrotechnic article shall obtain a permit from 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 license expires, please provide an email address.
6. PERMIT CLASS:	Please indicate the type of license you are applying for.
7. PERSONAL INFO:	All information is necessary to complete background.
8. PERMIT INFO:	All information must be filled out. Complete attached worksheet and submit with application.
9. TRAINING	Please provide the information for the person who trained you. You can also attach documentation.
10. SHOOT VERIFICATION:	Do not sign off on your own shoots. Give complete address of display site. City and state only will not be accepted. Attach documentation of the display.
11. APPLICANT SIGNATURE:	Applicant needs to sign this spot. Application will be returned if left blank.

### Checklist

Have you completed and submitted the following?

- Proximate Pyrotechnic Operator Application
- Additional Permit(s) Worksheet
- Documentation of Displays
- Distributor permit application (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

## PROXIMATE PYROTECHNIC PERMIT

(New Application)

**COMPLETE IN FULL - PRINT CLEARLY**

<b>1. LEGAL NAME:</b> _____ Last                                      First                                      Middle		<b>4. REQUESTED EXAM DATE AND LOCATION:</b> _____	
<b>2. PHYSICAL ADDRESS:</b> _____ _____ City                                      State                                      ZIP		<b>5. CONTACT INFORMATION:</b> Home: (    ) Mobile: (    ) Email: _____	
<b>3. MAILING ADDRESS:</b> _____ _____ City                                      State                                      ZIP		<b>6. PERMIT CLASS:</b> <input type="checkbox"/> Indoor proximate <input type="checkbox"/> Flame effect <input type="checkbox"/> Outdoor proximate <input type="checkbox"/> Unlimited	
<b>7. PERSONAL INFORMATION</b> 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: _____		<b>8. PERMIT INFORMATION</b> Distributor Permit # _____ <input type="checkbox"/> Not Applicable (Complete worksheet) 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 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)	
<b>9. TRAINING</b> Have you been trained in the use of proximate pyrotechnic? No <input type="checkbox"/> Yes <input type="checkbox"/> Date of training: ____/____/____ Instructor: _____ Address: _____ Phone: _____			
<b>10. SHOOT VERIFICATION</b> Display Date ____/____/____ Display Address, City, State _____ Number of shots used _____ Type of shots used _____ Signature of AHJ* _____ (Print Name AHJ) _____ ***Attach documentation of display			
Display Date ____/____/____ Display Address, City, State _____ Number of shots used _____ Type of shots used _____ Signature of AHJ* _____ (Print Name AHJ) _____ ***Attach documentation of display			
Display Date ____/____/____ Display Address, City, State _____ Number of shots used _____ Type of shots used _____ Signature of AHJ* _____ (Print Name AHJ) _____ ***Attach documentation of display			

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.

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 license.
- (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 license.

### 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. <b>(Provide employer distributor permit #)</b>	<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. <b>(Provide employer distributor permit #).</b>	<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. <b>Please provide explanation:</b>		
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**