



FP-07

The Commonwealth of Massachusetts
Executive Office of Public Safety and Security
Department of Fire Services

P.O. Box 1025 ~ State Road

Stow, Massachusetts 01775

(978) 567-3700 Fax: (978) 567-3199



STEPHEN D. COAN
STATE FIRE MARSHAL

APPLICATION FOR A NEW FIREWORKS CERTIFICATE OF COMPETENCY

Exam Location: Stow or Northampton

Exam Date: \_\_\_ / \_\_\_ / \_\_\_ @ 9:00 a.m.

All applications must be submitted to the Office of the State Fire Marshal at least 10 days prior to the exam date. Incomplete applications will be returned. Any delay in the issuance of a license or permit, due to an incomplete filing, will be the sole responsibility of the applicant.

Follow the instructions below to complete the Application for Fireworks Certificate of Competency:

- Type or print in all items on this form and sign the form where indicated.
Please note that the form must be notarized;
Provide evidence of active employment for a period of at least three (3) years on the crew for professional fireworks displays, to encompass a minimum of ten (10) displays. This verification should be submitted as a letter signed by past or present employers, and composed on company letterhead indicating evidence of said apprenticeship.
Include two (2) letters of reference, with contact information for the authors of said letters.
Include with this application two (2) passport style color photographs measuring 1"x 1 1/4";
Include a check or money order for \$40.00 made payable to the Commonwealth of Massachusetts. There is a returned check charge of \$15.00 assessed under the provisions of 801 CMR 4.08.
Include a legible copy of your current driver's license.
Complete both pages of the CORI Request form. This must be notarized

The holder of any approval, license certificate, license or permit issued by the Marshal under 527 CMR, shall provide the Marshal with an accurate address and mailing at the time of application and shall report any changes of such address to the Marshal within fourteen (14) days of the date of such change. 527 CMR 1.03(6)(b).

Name of Applicant: (Last) (First) (Middle) Date of Birth: (Month) (Day) (Year)

Address: Residential address required. P.O. Box not acceptable City/Town, State, Zip

Mailing Address (if different):

Social Security Number: Phone Number: --

Are you a U.S. Citizen: { } YES { } NO (If you answered NO, then you must attach copies of your federal documents showing your INS-issued alien number or admission number and social security card.)

Height: Weight: Eyes: Hair: Sex:

Present Employer: (Name) Phone Number: --

Employer Address: (Address) (City/Town) (State) (Zip)

Position Held: \_\_\_\_\_ How Long Employed at This Position: \_\_\_\_\_

How many continuous years have you been in the fireworks industry? \_\_\_\_\_

Have you ever held a Fireworks Certificate of Competency or similar license issued by another jurisdiction: { } YES { } NO

If so, where: \_\_\_\_\_  
(Title of Document) (License Number) (State) (Agency)

Has any license, permit or certificate of competency been revoked, suspended or refused? { } YES { } NO

I declare that I have completed a fireworks safety course within the past 12 months { } YES { } NO

\_\_\_\_\_  
(Hours of Instruction) (Dates of Courses) (Course Instructor) (Location of Instruction)

I declare that I have received instruction in 527 CMR within the past 12 months { } YES { } NO

\_\_\_\_\_  
(Hours of Instruction) (Dates of Courses) (Course Instructor) (Location of Instruction)

### III. GENERAL

Have you ever been convicted in any state or federal court of a crime punishable by imprisonment for a term exceeding one year? (Whether or not you actually served time) { } YES { } NO

Have you ever been committed by any court to any hospital or institution for mental illness? { } YES { } NO

Have you ever been convicted in any state or federal jurisdiction of any controlled substance law? { } YES { } NO

Have you ever been ordered by a court to receive treatment for drug or alcohol abuse? { } YES { } NO

Have you ever had a license, permit or right to use fireworks suspended or revoked in any state or federal jurisdiction? { } YES { } NO

Are you currently taking any medication which may impair your ability to safely conduct a licensed activity? { } YES { } NO

Have you ever been involved in any incident(s) resulting from the use of fireworks which resulted in personal injury or property damage? { } YES { } NO

***All questions must be answered.  
Any question answered "Yes" must be explained on an attached sheet of paper.***

**IV. AFFIDAVIT and ENDORSEMENT for NEW CERTIFICATE of COMPETENCY**

**AFFIDAVIT AND ENDORSEMENT  
DISPLAY FIREWORKS**

I \_\_\_\_\_, hereby attest that I hold a current Massachusetts Certificate of Competency to conduct, supervise and display Fireworks (FW # \_\_\_\_). As the Owner / Principle or Employee of:

\_\_\_\_\_  
(Name of Fireworks Company)

\_\_\_\_\_  
(Complete Address)

\_\_\_\_\_  
(Telephone Number)

a Display Fireworks company, licensed to conduct displays in Massachusetts. I have continuously held a Certificate of Competency for the past 5 years. I endorse the applicant named in Section II as an individual who has demonstrated he/she is competent to conduct and supervise display fireworks in Massachusetts, and said applicant has satisfactorily completed a fireworks safety course and Massachusetts regulatory instruction course described in Section II. I declare under the penalty of perjury that statements and information provided herein are true as of the date of this application. I am aware that there are significant penalties for submitting false information including possible fines, civil penalties and imprisonment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Statement of Notary Public:**

**COMMONWEALTH OF MASSACHUSETTS**

\_\_\_\_\_, ss:

Date: \_\_\_\_\_

Before me, then personally appeared the above named affiant \_\_\_\_\_, who acknowledged, by his signature, the foregoing Affidavit and Endorsement to be true and to be the Affiant's free act and deed.

Notary Signature: \_\_\_\_\_

Notary Name (printed): \_\_\_\_\_

Commission Expiration Date: \_\_\_\_\_

(Seal)

**V. APPLICANT CERTIFICATION**

I attest that I have reviewed and am familiar with all Commonwealth of Massachusetts Fireworks Laws and Regulations, and all federal laws and regulations relative to the transportation, possession and use of explosive materials, including but not limited to 18 U.S.C. 40, and 27 C.F.R. 555, as amended. I hereby consent to the release of all personal records containing data relative to this application, maintained by any individual or agency. I certify that I am authorized to execute this application. I declare under the penalty of perjury that the statements and information provided herein are true as of the date of this application. I am aware that there are significant penalties for submitting false information, including possible fines, civil penalties and imprisonment.

Pursuant to Massachusetts General Laws, Chapter 62C, Section 49A, I certify under the penalties of perjury that to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required under law and otherwise complied with all other provisions of said statute.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Statement of Notary Public:**

**COMMONWEALTH OF MASSACHUSETTS**

\_\_\_\_\_, ss: \_\_\_\_\_ Date: \_\_\_\_\_

Before me, then personally appeared the above named affiant \_\_\_\_\_, who acknowledged, by his signature, the foregoing Affidavit and Endorsement to be true and to be the Affiant's free act and deed.

Notary Signature: \_\_\_\_\_  
Notary Name (printed): \_\_\_\_\_  
Commission Expiration Date: \_\_\_\_\_

(Seal)

# CORI REQUEST FORM

The Department of Fire Services, Office of the State Fire Marshal (Agency #820), has been certified by the Criminal History Systems Board for access to general use/CJIS records. Applicant/Employee Information (please print)

|                                      |  |  |
|--------------------------------------|--|--|
| _____                                |  |  |
| Last Name                            | First Name   | Middle Name                                    |
| _____                                |  | _____  |
| Maiden Name or Alias (if applicable) |  | Place of Birth                                 |
| _____                                | _____  | _____  |
| Date of Birth                        | Social Security Number<br>(requested but not required) | Mother's Maiden Name<br>(first and last names) |

Former Residential Addresses:

\_\_\_\_\_  
\_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Drivers License: State \_\_\_\_\_ Number: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

## Statement of Notary Public:

The above information was verified by reviewing the following form of government issued photographic identification: \_\_\_\_\_

\_\_\_\_\_ ss: Date: \_\_\_\_\_

Before me, then personally appeared the above named Affiant, \_\_\_\_\_  
who acknowledged, by his signature, the foregoing Affidavit and Endorsement to be true and to be the  
Affiant's free act and deed.

Notary Signature: \_\_\_\_\_

Notary Name (printed): \_\_\_\_\_

Commission Expiration Date: \_\_\_\_\_

(Seal)

Requested By: \_\_\_\_\_

Signature of CORI Authorized Employee  
(MA State Police-Assigned)