



FP-08

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 RENEWAL OF A FIREWORKS
CERTIFICATE OF COMPETENCY FW # _____

All applications must be submitted to the Office of the State Fire Marshal at least 30 days prior to expiration.
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 these instructions to complete the application to renew a 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 on the crew for professional fireworks displays, to encompass a minimum of two (2) displays within the two prior years.
Include with this application two (2) passport style color photographs measuring 1"x 1 1/4";
Include a check or money order for \$20.00 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's Address: Street 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 Date of Courses Course Instructor Location of Training

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

_____ Hours of Instruction Date of Courses Course Instructor Location of Training

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.***

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 (requested but not required)	Mother's Maiden Name (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)