The Commonwealth of Massachusetts  
Executive Office of Public Safety & Security  
Department of Fire Services  
P.O. Box 1025 ~ State Road  
Stow, Massachusetts 01775  
(978) 567~3100 Fax: (978) 567~3199

Application/Permit for Supervised Display of Fireworks

This form shall be used as the application and permit for all supervised display of fireworks in the Commonwealth of Massachusetts.

A copy of this application and required documentation must be submitted to the head of the local fire department at least twenty (20) days in advance of the proposed date of display as required by 527 CMR 1.00 Section 1.12.8.39.2.2(1).

Required Documentation to be Submitted

- Diagram/site plan showing points where fireworks are to be discharged, location/distance to the audience, buildings, highways, overhead obstructions, etc. (handwritten maps are not acceptable; Maps must be Google, Bing, GIS)
- The number and description of the fireworks/pyrotechnics including the diameter of the shells.
- A copy of the natural barrier letter from the State Fire Marshal’s Office (if applicable).
- FAA, Coast Guard, or other agency approvals/notifications

One copy of this form and required documentation must be forwarded by the Head of the Fire Department to the State Fire Marshal (by email dfs.licensing@state.ma.us, fax, or mail) not later than five (5) days after receipt of said application as required by 527 CMR 1.00 Section 1.12.8.39.2.2(4).

Name of Sponsor: ___________________________________________ Phone #: ____________________________

Address of Sponsor: ___________________________________________________________________________________

Location of Display (GPS coordinates): __________________________________________________________________________

Nearest GPS Street Address to display set up: ______________________________________________________________

Date Show is to be Held: _____________________________ From: _______ a.m. / p.m. to: _______ a.m. / p.m.

Rain Date (if applicable): _____________________________ From: _______ a.m. / p.m. to: _______ a.m. / p.m.

Fireworks/Special Effects Company: __________________________________ Phone #: ____________________________

Current Users Certificate Number: _________________________ Date of Expiration: ____________________________

Name of Competent Operator: ___________________________________________________________________________

Certificate of Competency #: ____________________________________ Expiration Date: _________________________

Company Supplying Fireworks: (if different from applicant user certificate listed above): ______________________________
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Manner and Location of Storage of Fireworks Prior to Display:

___________________________________________________________________________________________________
___________________________________________________________________________________________________

Signature of Competent Operator: ______________________________________        Date: ______________________

I hereby certify that the competent operator named above has my approval and that in my opinion, the display described will be of such character, so located, discharged or fired as not to be hazardous to property or to endanger any person or persons. (G.L. Chapter 148, §39A)

☐ There are no changes to the natural barrier approval (no new developments, etc...)

Restrictions:

___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________

Signature of Head of Fire Department: _______________________________ Date: ______________________________

This permit will expire at midnight on ________________ Date: ______________________________

One copy of this form must be forwarded to the State Fire Marshal (electronically, mail or fax) no more than five (5) days after receipt of said application by the head of the fire department as required by 527 CMR 1.00 Section 1.12.8.39.2.2 (4).

For Fire Department Use Only

Before the Show

☐ Review DEP advisory on perchlorates
  
☐ Verify active license and company information at www.mass.gov/dfs (License Lookup)

Day of Show

☐ Pre show site inspection: Establish secured area with a suitable barrier such as snow fencing or equivalent (caution tape is not sufficient). Natural barriers, as approved by SFMO, have not changed. Secured area must be established and maintained from the arrival of the fireworks until the completion of the display.

☐ If using racks, determine that the rack placement conforms to the approved site.

☐ Check racks for correct spacing and stability. Check angling of mortars.

☐ If not using racks, determine that mortar tubes are sufficiently buried. Check angling of mortars.

☐ Determine weather and wind conditions just prior to display. If necessary conduct a test shot.

☐ All fireworks shall be fired electrically.

Following the Show

☐ A competent operator must ensure a search is made for any unignited shells and related materials immediately following the display and at the first available daylight.

☐ Upon completion of the search, a competent operator shall report all findings to the head of the local fire department.