### APPLICATION FOR PYROTECHNIC USER’S CERTIFICATE

**CHECK ONE:**
- [ ] NEW
- [ ] RENEWAL

**PY # __________**

### I. APPLICATION INSTRUCTIONS

- Type or print in ink all items on this form, sign the form in Section V.
- Include a legible copy of your valid ATF License/Permit or extension letter.
- Include a copy of your ATF Notice of Clearance listing Responsible Person(s) and Employee Possessors.
- Include evidence of valid liability insurance coverage in the form of a Certificate issued by the insurance agency to the Marshal’s Office listing the name and claims representative, providing general liability in the amount of $1,000,000 per occurrence and $1,000,000 aggregate coverage. Your insurance company must be licensed by the Massachusetts Division of Insurance.
- Include evidence of a valid fireworks bond with a minimum amount of $15,000.00 or ‘Continuation Letter’ from your bond company. The Continuation Letter must include a “paid to” date.

If your Certificate of Insurance or your Bond is not available at the time, please send the completed application and any other necessary documents, with a note that indicates the certificate of insurance and/or bond will be sent at a later date.

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**All applications must be submitted to the Division of Fire Safety at the address above 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.**
II. APPLICANT INFORMATION (OWNER OR PRINCIPLE OF COMPANY)

Note: All businesses conducting work in the Commonwealth of Massachusetts must be registered as a Business Entity with the Secretary of State’s Office.

Name of Applicant: __________________________ Date of Birth: __________________________

Street Address: __________________________ City/Town, State, Zip

Mailing Address (if different): __________________________ City/Town, State, Zip

Email Address: __________________________

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: _______ Gender: _______

Present Employer: __________________________ Phone Number: __________________________

Position Held: __________________________ How Long Employed at This Position: ________

How many continuous years have you been associated with the fireworks/special effects industry? __________________________

III. COMPANY INFORMATION

Name of Company or Firm making application: __________________________

Federal Employer Identification Number: __________________________

Street Address: __________________________ City/Town, State, Zip

Business (Mailing) Address: __________________________ City/Town, State, Zip

Phone Number: _______--___________ (please indicate if this is a mobile phone)

My current Massachusetts Fireworks/Special Effects Users Certificate number is: _______ Expires on: _______

I attest that I understand the contents of 527 CMR 1.00 and M.G.L. c. 148. I understand that I am to maintain liability insurance coverage in the form of a certificate issued by the insurance agency to the Marshal’s Office listing the name and claims representative and providing general liability in the amount of $1,000,000 per occurrence and $1,000,000 aggregate coverage with a 30 day cancellation notice to the Marshal.

{    } YES  {    } NO

I attest that all fireworks/special effects materials shall be stored according to all the requirements of 527 CMR 1.00 and all applicable Federal regulations.

{    } YES  {    } NO

My Federal Importer, Manufacturer or Dealer License Number is: __________________________

My Federal Fireworks/Special Effects User Permit Number is: __________________________
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<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<td>Are you under indictment in any court for a felony, or any crime, for which the judge could imprison you for more than a year?</td>
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<td>Have you ever had a license, certificate, permit or right to use fireworks/special effects suspended or revoked in any state or federal jurisdiction?</td>
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<td>Have you ever been involved in any incident(s) resulting from the use of Fireworks/Special Effects, which resulted in personal injury or property damage in any state?</td>
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*Any question answered “Yes” must be explained on an attached sheet of paper*
V. APPLICANT CERTIFICATION

A. I attest that I have reviewed and am familiar with all Commonwealth of Massachusetts Fireworks/Special Effects Laws and Regulations, and all federal laws and regulations relative to the transportation, possession and use of pyrotechnic 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.

I acknowledge that all renewal notices will be sent electronically to the applicant listed herein. Mailing will no longer be an option in matters relative to the status of this application.

B. 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.

C. My company/corporation has filed any and all appropriate paperwork with the MA Secretary of State Division of Corporations.

D. I acknowledge that I must maintain the required insurance and bond as a condition of maintaining a valid Pyrotechnic Users Certificate.

Signature: ____________________________ Date: ______________________________

Print Name and Title (Owner/Corporate Officer): ________________________________