



# Department of Fire Services Commonwealth of Massachusetts

## Application for Fireworks Certificate of Competency (FP-007)

**NEW** \_\_\_\_\_ Exam Location: **Stow or Springfield** Exam Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ @ 10:00 a.m.

**RENEWAL FW#** \_\_\_\_\_

**All new applications must be submitted to the Division of Fire Safety in accordance with the posted exam schedule. All renewal applications must be submitted at least 30 days prior to the expiration 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.**

### I. APPLICANT INSTRUCTIONS

Instructions for all applicants:

- Type or print in all items on this form and sign the form where indicated.
- Include with this application one (1) passport style color photograph measuring 2" by 2"; MA residents do not have to send photographs if they permit DFS use of their RMV photograph (see certification page).
- Include a legible copy of your current driver's license.
- Complete the CORI Request form; it must be notarized

Instructions for a **NEW** FW Certificate of Competency:

- 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.
- 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/endorsement from other certificate holders within the state.

Instructions to **RENEW** a FW Certificate of Competency:

- 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 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.

### II. APPLICANT INFORMATION

**The holder of any approval, license certificate, license or permit issued by the Marshal under 527 CMR 1.00, 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 1.00 Section 1.13.1.2(4).**

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

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

Mailing Address (if different): \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(All renewal notices will be sent electronically)

Driver's License: State: \_\_\_\_\_ Number: \_\_\_\_\_ Social Security # \_\_\_\_\_

Are you a U.S. Citizen: { } YES { } NO (If you answered NO, then you **must** attach copies of your federal documents)

**Mail completed application to: Department of Fire Services • Attn: Licensing Desk**

Department of Fire Services • P.O. Box 1025, 1 State Road, Stow, MA 01775  
 978-567-3375 • [www.mass.gov/dfs](http://www.mass.gov/dfs)

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 Revenue Code 0614

showing your INS-issued alien number or admission number **and social security card.**)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_ Sex: \_\_\_\_\_

Present Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(Name)

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

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

How many continuous years have you been in the pyrotechnic 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 1.00 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 admitted 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.***

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**IV. (1) REFERENCE/ ENDORSEMENT FOR NEW CERTIFICATE OF COMPETENCY**

**REFERENCE/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: \_\_\_\_\_

**V. (2) REFERENCE/ ENDORSEMENT FOR NEW CERTIFICATE OF COMPETENCY**

**REFERENCE/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)

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

**VI. CERTIFICATION FOR NEW AND RENEWAL APPLICATIONS**

I attest that I have reviewed and am familiar with all Commonwealth of Massachusetts Pyrotechnics 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

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.

My signature below authorizes the Department of Fire Services to electronically access my photograph from the Massachusetts Registry of Motor Vehicles database. This option is available to Massachusetts residents only.

**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.**

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

**PLEASE NOTE THAT ONLY APPLICATIONS WITH ORIGINAL WET SIGNATURES WILL BE ACCEPTED.  
PHOTOCOPIES OF APPLICATIONS WILL NOT BE PROCESSED.**

## 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 & 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)

Presented By: \_\_\_\_\_

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

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**ALL Applicants Must Complete This Page**

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

**In order to help the Department of Fire Services explore the feasibility and necessity of providing the Application for Certificate of Competency for Cleaning/Inspecting Commercial Cooking Operations in languages other than English all applicants must complete the following:**

“If you have difficulties completing this application form due to your inability to read the English language, please indicate which language you can read and return this information with the application. Thank you.”

- Portuguese
- Spanish
- Vietnamese
- Mandarin
- Other
- Able to read and understand the English Language

“Se tiver dificuldade para preencher este requerimento porque não entende o Inglês, indique o idioma no qual sabe ler e devolva esta informação junto com o requerimento. Obrigado.”

- Português
- Espanhol
- Vietnamita
- Mandarin
- Outro

“Si tiene dificultades para completar este formulario de solicitud debido a que no puede leer el idioma inglés, favor de indicar en qué idioma puede leer y enviar de regreso esta información con la solicitud. Gracias.”

- Portugués
- Español
- Vietnamita
- Mandarin
- Otro

“Nếu quý vị gặp khó khăn khi hoàn tất mẫu đơn này do quý vị không đọc được tiếng Anh, vui lòng cho biết quý vị có thể đọc ngôn ngữ nào và gửi lại thông tin này cùng mẫu đơn này. Xin cảm ơn”

- Tiếng Bồ Đào Nha
- Tiếng Tây Ban Nha
- Tiếng Việt
- Tiếng Trung Phổ thông
- Khác

“如因不懂英文而無法填寫此申請表，請註明您能看懂的語言，並將此項資訊隨申請表一併交回。感謝您”

- 葡萄牙文
- 西班牙文
- 越南文
- 中文
- 其他

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