



Department of Fire Services Commonwealth of Massachusetts

Application for Special Effects Certificate of Competency (FP-008)

NEW _____ **RENEWAL SE #** _____

Exam Location: Stow ___ or Springfield ___ **Exam Date:** ___ / ___ / ___ @ 10:00 a.m.

All applications must be submitted to the Department of Fire Services 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. APPLICATION INSTRUCTIONS

Instructions for all applicants:

- Type or print in all items on this form and sign the form where indicated.
- Provide evidence of active employment for a period of at least two (2) years on the crew for professional special effects displays, to encompass a minimum of ten (10) displays. This verification should be submitted as a letter signed by past or present employer(s), and composed on company letterhead indicating evidence of said apprenticeship.
- 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

Follow these instructions for a **NEW** Special Effects Certificate of Competency:

- Include two (2) letters of reference/endorsement from other pyrotechnic certificate holders within the state.
- 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.

Follow these instructions to **RENEW** a Special Effects Certificate of Competency:

- Include a check or money 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.
- ~~When renewing, you must include a legible copy of your current driver's license.~~

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: 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)

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

FP-008 Rev. 1/24
 Revenue Code 0614

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

Height: _____ Weight: _____ Eyes: _____ Hair: _____ Gender: _____

Present Employer: _____ Phone Number: _____
Name

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 special effects industry? _____

Have you ever held a Special Effects 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 special effects 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 1.00 within the past 12 months { } YES { } NO

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

III. GENERAL INFORMATION

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 special effects 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 special effects, 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. APPLICANT 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.**

V. (1) REFERENCE/ENDORSEMENT for NEW CERTIFICATE of COMPETENCY APPLICANTS

**REFERENCE/ ENDORSEMENT
SPECIAL EFFECTS**

I _____, hereby attest that I hold a current Massachusetts Certificate of Competency to conduct, supervise, and display Special Effects. As the Owner / Principle or Employee of:

(Name of Special Effects Company)

(Complete Address)

(Telephone Number)

a Special Effects 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 special effects in Massachusetts, and said applicant has satisfactorily completed a special effects 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: _____

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

VI. (2) REFERENCE/ENDORSEMENT for NEW CERTIFICATE of COMPETENCY APPLICANTS

**REFERENCE/ ENDORSEMENT
SPECIAL EFFECTS**

I _____, hereby attest that I hold a current Massachusetts Certificate of Competency to conduct, supervise, and display Special Effects. As the Owner / Principle or Employee of:

(Name of Special Effects Company)

(Complete Address)

(Telephone Number)

a Special Effects 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 special effects in Massachusetts, and said applicant has satisfactorily completed a special effects 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: _____

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

CORI REQUEST FORM

(This form must be completed and notarized)

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 <small>requested but not required</small>	Mother's Maiden Name (first & last)

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)

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

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

FP-086 Rev. 1/24