



# Department of Fire Services Commonwealth of Massachusetts

## Application/Permit for Supervised Display of Fireworks (FP-027)

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: 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 email, [DFS.FSDlicensing@mass.gov](mailto:DFS.FSDlicensing@mass.gov), fax, or mail by the Head of the Fire Department to the State Fire Marshal not later than five (5) days after receipt of said application as required by 527 CMR 1.00: 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 of Display: \_\_\_\_\_ Time of Display: \_\_\_\_\_ Rain Date: \_\_\_\_\_

Largest Shell Size to be Fired \_\_\_\_\_ Number of Aerial Shells: \_\_\_\_\_

Number of Ground Pieces: \_\_\_\_\_ Number of Cakes & Max. Diameter: \_\_\_\_\_

This Show is: Public \_\_\_\_\_ Private \_\_\_\_\_

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): \_\_\_\_\_

Manner and Location of Storage of Fireworks Prior to Display:

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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:

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Signature of Head of Fire Department: \_\_\_\_\_ Date: \_\_\_\_\_

This permit will expire at midnight on \_\_\_\_\_

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### For Fire Department Use Only

#### Before the Show

- ☐ Review DEP advisory on perchlorates
- ☐ Verify active license and company information at [www.mass.gov/dfs](http://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.