



APPLICATION FOR A PYROTECHNIC OPERATOR LICENSE

This application is hereby made to the Washington State Patrol Fire Protection Bureau, pursuant to [RCW 70.77](#), for an annual license as a Pyrotechnic Operator in the State of Washington.

Date Received

Mail your completed application, letters of reference, copies of other licenses or certifications, and the annual licensing fee of \$10.00 to the address listed above.

For Official Use

Please note these licenses are valid from the date of issue until January 31 of the subsequent year.

Applicant Seeking a Pyrotechnic Operator License					
Full Name					
Mailing Address					
E-Mail Address					
Phone Number	()	Work Phone	()	Age	

6 displays the Applicant has participated in as an Assistant <i>(one must be within the last 12 months)</i>			
Date	County and City of Display	Pyrotechnic Operator Name and Phone Number	License Number

Letters of Reference <i>(Generic Form Letters will not be accepted)</i>
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Please include 2 personal reference letters from industry professionals that include, but are not limited to:

- Applicant's past experiences handling Class B Fireworks at licensed public displays.
- Applicant's past trainings handling Class B Fireworks.
- Applicant's ability with Class B fireworks at licensed public displays.
- Applicant's knowledge of safety measures and firework disposal.
- Applicant's conduct and reputation from a personal perspective.



FIRE PROTECTION BUREAU
EDUCATION, ENFORCEMENT, AND ANALYTICS SECTION

PO Box 42642
Olympia WA 98504-2642
(360) 596-3946 FAX: (360) 596-3934
fireworks@wsp.wa.gov



Applicant Background Questions **Yes/No**

- Have you been cited for state or federal fireworks violations? _____
- Have you been convicted of a felony or misdemeanor in the past ten years? _____
- Have you forfeited a bond for a felony or misdemeanor in the past ten years? _____
- Do you hold a current Fireworks License in another state? (If yes, please provide a copy) _____
- Have you ever had a fire or accident as a result of fireworks activity? _____
- Have you ever done damage to another's property as a result of fireworks activity? _____

List any training or experience that has increased your knowledge as a Potential Pyrotechnic Operator

Any Additional Details or Comments

Upon verification of your requirements, you will be notified when an examination can be taken. After receiving a passing score, your Pyrotechnic Operator license will be issued.

This application is hereby made for a Pyrotechnic Operator License. In making this application, I agree to abide by all requirements of the State Fireworks Law ([RCW 70.77](#)) and the rules and regulations ([WAC 212-17](#)) of the Washington State Fire Marshal's Office. In addition, I authorize the release of information and/or documents relative to my training, experience and ability as Pyrotechnic Operator for your inspection.

I further certify that all information contained in this application is true and complete. I understand that omitted or misrepresented information can constitute sufficient grounds for denial or revocation of the license I am applying for.

(Signature of Applicant)

(Date of Application)