



MIAMI-DADE FIRE RESCUE DEPARTMENT

**DISPLAY OF FIREWORKS, PYROTECHNICS, AND/OR FLAME EFFECTS**

1. SPONSORING ORGANIZATION: \_\_\_\_\_
2. ORGANIZATION ADDRESS: \_\_\_\_\_
3. ORGANIZATION CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_
4. FIREWORKS, PYROTECHNICS OR FLAME EFFECTS CO.: \_\_\_\_\_ PHONE: \_\_\_\_\_
5. OPERATOR: \_\_\_\_\_ AGE: \_\_\_\_\_  
 PHONE : \_\_\_\_\_ CELL: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
 ASSISTANT'S NAME[S] AND AGE[S]: \_\_\_\_\_
6. DATE AND TIME OF DISPLAY: \_\_\_\_\_
7. LOCATION OF DISPLAY: \_\_\_\_\_
8. PRODUCT TYPE, QUALITY, AND SIZE TO BE USED (ATTACH ADDITIONAL SHEETS IF NEEDED): \_\_\_\_\_  
 \_\_\_\_\_
9. DESCRIBE MANNER AND PLACE OF STORAGE OF FIREWORKS, PYROTECHNICS OR FLAME EFFECTS PRIOR TO USE: \_\_\_\_\_
10. ATTACH PLAN MEETING CRITERIA SPECIFIED IN NFPA 1123, NFPA 1126, AND NFPA 160 AS APPROPRIATE

**DISPLAY WILL BE OPERATED IN ACCORDANCE WITH NFPA 1123, NFPA 1126, NFPA 160, AND THE FLORIDA PREVENTION CODE**

**INCLUDE PROOF OF INSURANCE, AND FEDERAL EXPLOSIVES LICENSE/PERMIT WITH APPLICATION!**

I, \_\_\_\_\_ DO HEREBY AFFIRM THAT THE INFORMATION CONTAINED IN THIS APPLICATION AND ALL ATTACHED DOCUMENTS ARE TRUE AND CORRECT.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BY ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_  
BY \_\_\_\_\_ WHO IS PERSONALLY KNOWN TO ME, OR HAS PROVIDED IDENTIFICATION.

\_\_\_\_\_  
NOTARY PUBLIC

