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

MIAMI-DADE FIRE RESCUE
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☎ 786.331.4800