OFFICE OF THE UNIVERSITY FIRE MARSHAL



160-B Felgar Street, Suite 200 NORMAN, OK 73019-6041 PH# (405) 325-2983 FAX# (405)325-7238

PUBLIC FIREWORKS DISPLAY

In accordance with Oklahoma Statutes 2001, Title 68, Section 1629, and NFPA 1123 & NFPA 1126, the Undersigned hereby requests issuance of permit for outdoor Class "B" or indoor pyrotechnics at the following location:

in	County, City of	
Event dates		

I, the undersigned, attest and ATTACH TO THIS REQUEST, PROOF OF INSURANCE that a general liability insurance policy is provided in an amount of not less than one million dollars (\$1,000,000) as coverage for the location described on this permit and that the safety precautions on the reverse side of this permit shall strictly be observed.

Signed:			Represen	ting :			
STATE OF OF	(LAHOMA, CO]]
Before me, t	he undersigne	d, a Notary Pu	blic in and fo	or said Co	ounty and	State on th	is
	Day of			20			
Personally apperson.	ppeared				to me l	known to be	the identical
	my hand and	seal the day ar	nd year last a	above wri	tten.		
Notary Publi	с			Sea			
My Commiss	sion Expires on				V		
This permit i	s not transferr	able and is iss	ued continge	ent on the	e above c	onditions.	
Approved By				Title	2		
Issue Date			Р	ermit valio	d for 3-day	ys from the d	isplay date.

APPLICATION FOR PUBLIC FIREWORKS DISPLAY

We hereby make application for a permit to conduct a Public Fireworks Display as defined by the Oklahoma state Fire Marshal Commission and agree to comply with the laws of Oklahoma pertaining thereto as set forth in the state statutes and as noted in NFPA 1123 and/or NFPA 1126 as adopted.

APPLICANT		PHONE					
ADDRESS	СІТҮ		STATE	ZIP			
SPONSORING ORGANIZATION		CON	ТАСТ				
			ـــــــــــــــــــــــــــــــــــــ				
ADDRESS	PHONE		E-MAIL				
DISPLAY OPERATOR	AGE	PHONE					
# OF SHOWS PERFORMED IN THE LAST 12 M	ONTHS	# OF SHO	WS IN THE	E LAST 5 YEAR	S		
QUANTITY, DESCRIPTION & SIZE OF AERIAL SHELLS OR OTHER DEVICES:							
1.	5.						
2.	6.						
3.	7.						
4.	8.						
DESCRIPTION AND NUMBER OF STORAGE FACILITIES							
			PHONE				
ADDRESS	СІТҮ		STATE	ZIP			
SUBMIT A COPY OF CERTIFICATE OF LIABILITY INSURANCE ALONG WITH THIS PERMIT APPLICATION. NAME OF WHOLESALER, MANUFACTURER, OR DISTRIBUTOR WHERE FIREWORKS WERE PURCHASED.							
		ОКТ	ΓΑΧ COMN	// #			
ADDRESS	PHONE		E-MAIL				
The name that appears here must be listed on the curre within the state of Oklahoma. An invoice listing the pyr			-				
University Fire Marshal. If the documentation cannot b	e produced, the fir	eworks may be s	eized as illeg	al O.S. 2001, Titl	e 68 SS		
1628 (b) & (c). The effects operator's plan for the show The permittee's plan must follow the same plan outline	-		-		-		
with the approved permit must be kept on the site of th designee.					-		