



PUBLIC FIREWORKS DISPLAY REPORT

Display Date	Display City	Display County	Date Received <i>For Official Use</i>
Display Pyrotechnic Operator	Pyrotechnic Company		
License Number	Event Name		
	Physical Address of Event		

List the name, license number (if applicable), address, and physical age of **ALL** assistants to this display:
(IF MORE SPACE IS NEEDED, PLEASE REFER TO THE NEXT PAGE)

Name	Complete Address	Age

- 1) Any pyrotechnics purchased for the display not fired or otherwise disposed of? Yes No
 Explain: _____
- 2) Any duds or defective shells from this display? Yes No
 Explain: _____
- 3) Any injuries from this display? Yes No
 If yes, provide the name, address, and physical age of each individual injured on the back
- 4) Any fires caused by the fireworks from this display? Yes No
 Explain: _____
- 5) Any violations or irregularities observed during this display? Yes No
 Explain: _____

By submitting this report, the pyrotechnic operator certifies that: "I conducted the public display listed above and supervised the firing of all pyrotechnics. I have completed this report in its entirety and am submitting it to the Office of the State Fire Marshal within ten (10) days following the display. I understand that failure to do so or misrepresenting/concealing any facts or incidents concerning the display shall constitute grounds for license revocation and/or denial of license renewal."

Pyrotechnic Operator Signature	Date of Signature	Submit this report to:	Office of the State Fire Marshal Fireworks Licensing Unit PO Box 42600 Olympia WA 98504-2600
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