



FIRE PROTECTION BUREAU  
 FIREWORKS LICENSING PROGRAM  
 PO Box 42600  
 Olympia WA 98504-2600  
 (360) 596-3914 FAX: (360) 596-3934



# PYROTECHNIC

## LETTER OF REFERENCE

Date of Letter: \_\_\_\_\_

Washington State Patrol  
 Fire Protection Bureau  
 Office of The State Fire Marshal  
 General Administration Building  
 PO Box 42600  
 Olympia WA 98504-2600

Reference: Name, Address, and Phone Number \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Regarding \_\_\_\_\_  
 (Pyrotechnic Operator Applicant)

Dear Addressed:

The named applicant has listed you as a reference as to his/her past experience, training, and ability to safely set up and discharge Class B special fireworks at licensed public displays. In making the application, the applicant signed a release authorizing any named reference to disclose fully and accurately and information which they may have and which could be of assistance to this office in evaluating the application.

We would appreciate your response by return mail as soon as possible in order to expedite the application. Responses are held as confidential information and no information contained therein shall be disclosed to the applicant or other persons without the express consent of the party providing the information.

Please list your personal knowledge of the applicant's participation in the following public displays:

County and City of Display Location	Display Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



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Please describe your personal knowledge of the applicant's experience, training, and/or ability:

Please indicate your personal knowledge of the applicant's character, conduct, and reputation involving the safe handling and discharge of explosives:

Please feel free to use this space for any additional comments you may think are helpful and/or relevant:

I, the undersigned, recommend this Pyrotechnic Operator applicant for his license.  Yes  No

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)