



Office of the State Fire Marshal
 Prevention Division – Licensing Unit
 Post Office Box 42600
 Olympia, WA 98504-2600
 Fax (360) 596-3934



State Fireworks Violation Report

This form is intended to assist in documenting what you may consider to be violations of the state fireworks law, other illegal activities involving fireworks, or improper application of the law.

Please fill out **both pages** of this form as completely as possible and submit it to this office by mail or fax.

Reporting Agency Information		
Date _____	Agency/Company _____	
Contact Name _____	Phone Number (____) _____	
Address _____		
Another person who can confirm this information _____		
Company or Individual Involved		
Type of license involved	<input type="checkbox"/> Wholesaler	<input type="checkbox"/> Importer
	<input type="checkbox"/> Pyrotechnic Operator	<input type="checkbox"/> Display Company
	<input type="checkbox"/> Retail Fireworks Stand	<input type="checkbox"/> Manufacturer
Name of Offender _____		
Washington State Fireworks License Number _____		
Address or location of violation/concern _____		
City _____	State <u>WA</u>	Zip Code _____
Violation Details		
<i>If known, please indicate the applicable state law or rule (RCW 70.77 and WAC 212-17).</i>		

(OVER)

