



**FIRE PROTECTION BUREAU
FIREWORKS LICENSING PROGRAM**
PO Box 42642
Olympia WA 98504-2642
(360) 596-3946 FAX: (360) 596-3934
fireworks@wsp.wa.gov



APPLICATION FOR A PYROTECHNIC OPERATOR LICENSE

This application is hereby made to the Washington State Patrol Fire Protection Bureau, pursuant to [RCW 70.77](#), for an annual license as a Pyrotechnic Operator in the State of Washington.

Date Received
For Official Use

Mail your completed application, letters of reference, copies of other licenses or certifications, and the annual licensing fee of \$10.00 to the address listed above.

Please note these licenses are valid from the date of issue until January 31 of the subsequent year.

Applicant Seeking a Pyrotechnic Operator License					
Full Name					
Mailing Address					
E-Mail Address					
Phone Number	()	Work Phone	()	Age	

6 displays the Applicant has participated in as an Assistant <i>(one must be within the last 12 months)</i>			
Date	County and City of Display	Pyrotechnic Operator Name and Phone Number	License Number

Letters of Reference <i>(Generic Form Letters will not be accepted)</i>

Please include 2 personal reference letters from industry professionals that include, but are not limited to:

- Applicant's past experiences handling Class B Fireworks at licensed public displays.
- Applicant's past trainings handling Class B Fireworks.
- Applicant's ability with Class B fireworks at licensed public displays.
- Applicant's knowledge of safety measures and firework disposal.
- Applicant's conduct and reputation from a personal perspective.



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Applicant Background Questions	Yes/No
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|---|-------|
| Have you been cited for state or federal fireworks violations? | _____ |
| Have you been convicted of a felony or misdemeanor in the past ten years? | _____ |
| Have you forfeited a bond for a felony or misdemeanor in the past ten years? | _____ |
| Do you hold a current Fireworks License in another state? (If yes, please provide a copy) | _____ |
| Have you ever had a fire or accident as a result of fireworks activity? | _____ |
| Have you ever done damage to another's property as a result of fireworks activity? | _____ |

List any training or experience that has increased your knowledge as a Potential Pyrotechnic Operator
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Any Additional Details or Comments

Upon verification of your requirements, you will be notified when an examination can be taken. After receiving a passing score, your Pyrotechnic Operator license will be issued.

This application is hereby made for a Pyrotechnic Operator License. In making this application, I agree to abide by all requirements of the State Fireworks Law ([RCW 70.77](#)) and the rules and regulations ([WAC 212-17](#)) of the Washington State Fire Marshal's Office. In addition, I authorize the release of information and/or documents relative to my training, experience and ability as Pyrotechnic Operator for your inspection.

I further certify that all information contained in this application is true and complete. I understand that omitted or misrepresented information can constitute sufficient grounds for denial or revocation of the license I am applying for.

(Signature of Applicant)

(Date of Application)