



STATE OF UTAH APPLICATION FOR FIREWORKS LICENSE SPECIAL EFFECTS OPERATOR

TYPE OF APPLICATION <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL	No. FE _____ Exam <input type="checkbox"/> Pass <input type="checkbox"/> Fail Date _____ Receipt # _____
Applicants Name _____ <div style="display: flex; justify-content: space-between; font-size: small;"> First Middle Last </div>	
Home Address _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Do not use PO Number or Rural Route City State Zip Code </div>	
Mailing Address _____	
Telephone _____ Driver License Number _____ Date _____	

Date of Birth: _____	Age: _____ years	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Color of Hair: _____
Weight: _____ lbs	Height: _____ ft _____ in	Color of Eyes: _____	

SPECIAL EFFECTS OPERATOR:

“Special Effects Operator” means the person who purchases and is responsible for setting up and discharging display fireworks.

- Special Effects Operator must pass a test administered by the State Fire Marshal's Office. **Date of last exam:** _____
- Special Effects Operator must supply verification of operators safety class acceptable to S.F.M.O.
- Special Effects Operator shall submit written verification that applicant has worked with a licensed operator for a minimum of 3 display shows.

Annual Fee \$40.00

Mail to: UTAH STATE FIRE MARSHAL, 410 WEST 9800 SOUTH, SUITE 372, SANDY, UTAH 84070

List employers for the past 3 years for whom you have worked shooting fireworks displays. Attach additional sheet, if needed.	
Firm _____ Address _____ City _____ Dates of Employment From: _____ To: _____	Firm _____ Address _____ City _____ Dates of Employment From: _____ To: _____
Firm _____ Address _____ City _____ Dates of Employment From: _____ To: _____	Firm _____ Address _____ City _____ Dates of Employment From: _____ To: _____

I certify under penalty of perjury to the truth and accuracy of all statements, answers and representations made herein, including any supplementary statements attached hereto.

Signature _____	Date _____
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I give permission for my phone # _____ to be made public on firemarshal.utah.gov. Yes _____ No _____
Initial