

## STATE OF UTAH APPLICATION FOR FIREWORKS LICENSE DISPLAY OPERATOR

TYPE OF APPLICATI	ON 🛭 NE\	V Applicat	tion					No. FE	
		Date.						Pass Exam Y \( \simeg \) \( \simeg \)	
Applicants Name	First		Middle		La			Date	
Home Address	Filst		wilddie		La	51			
Mailing Address			City			State		Zip Code	
Telephone		Driver's License				Number State			
Date of Birth:		Age:	years		Sex:		Color	of Hair:	
Weight:	lbs		ft	in	<b>3</b> 5%.			of Eyes:	
DISPLAY OPERATOR	₹:								
"Display Operator" me							schargin	g display fireworks.	
<ul><li>☐ Display Operator m</li><li>☐ Display Operator single display shows.</li><li>Annual Fee \$40.0</li></ul>	hall submit wr	-	•		-			r a minimum of 3	
·		TIDE MADO	141 440 14/2		<b>4</b> ls	0		-h 04070	
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.									
	past 3 years f	or whom you h			irewor	ks displays.	Attach a	dditional sheet, if needed.	
FirmAddress			Fir	m dress	-				
City			Cit		-				
Dates of Employment From:		To:	 Da	y tes of Ei om:	nployr	nent			
Firm			Fir						
Address			Ad	dress	_				
City			Cit	y	_				
Dates of Employment From:		To:		tes of E	mployr	nent		To:	
I certify under penalty including any supplem				tatemen	ts, ans	wers and repr	esentatio	ons made herein,	
Signature				Date					
I give permission for my phone # to be made public on firemarshal utah gov. Yes No									

\_\_\_ Initial