

# Riverside County Fire Department ~ Office of the Fire Marshal

## Riverside Office (West):

2300 Market Street, Ste. 150

Riverside, CA 92501

Phone: (951) 955-4777 ~ Fax: (951) 955-4886



## Palm Desert Office (East):

77933 Las Montañas Road, Ste 201

Palm Desert, CA 92211

Phone: (760) 863-8886 ~ Fax: (760) 863-7072

## PYROTECHNICS APPLICATION

Office Use Only

**FD Permit #** \_\_\_\_\_

Assessor Parcel# (APN): \_\_\_\_\_

I/we hereby make application for a permit to utilize pyrotechnic effects as defined by the California State Health & Safety Code, and agree to comply in every particular with the law pertaining thereto as set forth in Part 2 of Division II of the Health & Safety Code, and the rules and regulations adopted by the State Fire Marshal.

Plans Received

### EVENT INFORMATION

Event Name: \_\_\_\_\_ Event Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/ Zip: \_\_\_\_\_ Type of Event: \_\_\_\_\_

Event Date(s): \_\_\_\_\_ Time Start: \_\_\_\_\_ Time End: \_\_\_\_\_ Total # of people: \_\_\_\_\_

### APPLICANT/SPONSORING ORGANIZATION INFORMATION

Company Name: \_\_\_\_\_ Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

### PYRO COMPANY INFORMATION

Company Name: \_\_\_\_\_ Public Display Lic. # \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

### PYROTECHNIC OPERATOR INFORMATION

Name of CA License Operator Supervising Display: \_\_\_\_\_

License Class: \_\_\_\_\_ License # \_\_\_\_\_

#### OFFICE USE ONLY

|  |  |   |
|--|--|---|
| Fee Paid: _____ Date: _____<br>Payment Method: _____<br>Received By: _____<br>Receipt# _____ | <b>Permit for <u>Transportation</u></b><br><input type="checkbox"/> Granted <input type="checkbox"/> Denied<br>Signature: _____<br>Title: _____ Date: _____<br>Person Assigned: _____<br>Cell: _____ | <b>Permit for <u>Pyrotechnics</u></b><br><input type="checkbox"/> Granted <input type="checkbox"/> Denied<br>Inspected by: _____<br>Title: _____<br>Date: _____ |
|--|--|---|

## PRODUCT INFORMATION

|  |                                    |
|--|------------------------------------|
| Name of wholesaler supplying all devices to be used in display:        | Wholesale State License #:         |
| Name of importer/exporter supplying all devices to be used in display: | Importer/exporter State License #: |

| Devices or Effect Description<br>(type & size)<br><small>*Attach additional sheets if needed</small>              | No. of<br>Devices  | Approx.<br>Burn Time | Approx.<br>Height | Approx.<br>Width                  | Approx.<br>Travel<br>Distance  | Approx.<br>Drop | Approx.<br>Diameter | Mortar<br>Type(s) |
|---|--|----------------------|-------------------|-----------------------------------|--|-----------------|---------------------|-------------------|
|   |  |                      |                   |                                   |  |                 |                     |                   |
|   |  |                      |                   |                                   |  |                 |                     |                   |
|   |  |                      |                   |                                   |  |                 |                     |                   |
|   |  |                      |                   |                                   |  |                 |                     |                   |
|   |  |                      |                   |                                   |  |                 |                     |                   |
|   |  |                      |                   |                                   |  |                 |                     |                   |
| Firing method:<br><input type="checkbox"/> Manual <input type="checkbox"/> Electric <input type="checkbox"/> Both | Will reload/ refueling be necessary?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                      |                   |                                   | Will it affect airport traffic?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><small>*If "yes", pyrotech is responsible to notify FAA</small> |                 |                     |                   |
| Ceiling Height (if indoors)   |  |                      |                   | Fall Out Zone (Distance in feet): |  |                 |                     |                   |

## LOAD SITE & STORAGE INFORMATION FOR DEVICES & EFFECTS

|  |   |
|--|---|
| Location of storage <b>PRIOR</b> to shipping to display site:  | Departure date from storage location:                                   |
| Storage Address & City:  |   |
| Route(s) being used:   |   |
| Location of storage <b>DURING</b> display:                     | Describe provisions for return of unused/unfired product after display. |
| Location of storage of unused/unfired product (if applicable). |   |

## INSURANCE INFORMATION

|   |   |
|---|---|
| Policy number of Employee Compensation Insurance: | Policy number of Public Liability Insurance:<br>(attach copy) |
|---|---|