



**New Hampshire Department of Safety  
Division of Fire Safety | Office of the State Fire Marshal**

Office: 110 Smokey Bear Boulevard, Concord, NH 03301

Mailing Address: 33 Hazen Drive, Concord, NH 03305

Telephone: 603-223-4289 • Fax: 603-223-4295

Email: fmo.fireworks@dos.nh.gov

www.nh.gov/firemarshal



**APPLICATION FOR PROXIMATE AUDIENCE ~~EFFECTS~~ PERMIT**

**NOTE:** Completed applications shall be submitted at least **10 business days** prior to date of production

Applicant: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Location of the production: \_\_\_\_\_ Date(s): \_\_\_\_\_

Address: \_\_\_\_\_ Time(s): \_\_\_\_\_

Qualifications of operator: \_\_\_\_\_

Years of experience in using proximate audience effects: (attach copies of any applicable licenses)

Name and date of birth of all apprentices and assistants:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ NH License #: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ NH License #: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ NH License #: \_\_\_\_\_

Edit: ".03"

A plan as required in section Saf-C 6903.04 of the NH State Fire Code is attached to this application:

Signature of applicant

Printed name of applicant

Date

Special Requirements established by the local fire official:

Signature & Title of local fire official/designee

Printed name

Date

The operator is hereby authorized to discharge pyrotechnic or flame effects before a proximate audience in accordance with the plan that has been submitted and approved by the State Fire Marshal, and is subject to any special requirements noted above by the local fire official and the State Fire Marshal. Any modifications or alteration to the application or plan must be submitted in writing and approved by the State Fire Marshal prior to the date of the demonstration inspection. Unauthorized changes will result in the denial of this permit.

For use by State Fire Marshal's Office Only:

Permit Fee: A- \$400

B- \$250

Check# \_\_\_\_\_

Date: \_\_\_\_\_

Approved: \_\_\_\_\_

Permit # \_\_\_\_\_



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**APPLICATION FOR PYROTECHNIC EFFECT, FLAME EFFECT, OR SPECIAL EFFECTS** ~~PROXIMATE~~  
**AUDIENCE** ~~OPERATORS LICENSE, OR APPRENTICE LICENSE~~

☐ New Application: \$200.00 (ENDORSEMENTS NOT INCLUDED)

☐ Renewal: \$100.00 Application (ENDORSEMENTS NOT INCLUDED)

**Endorsements:** (Please check applicable endorsements)

☐ Flame Effect Operator \$100.00 (Unrestricted)

☐ Pyrotechnic Operator \$100.00 (Unrestricted)

☐ Special Effect Operator \$100.00 (This is a restricted license, includes fire performers)

☐ Apprentice (No Endorsement fee)

In accordance with the provisions of Saf – C 6900, this application is submitted for the use of special effects, pyrotechnic effects, or flame effects before a proximate audience, performers or support personnel within the State of New Hampshire. If more space is required to fully answer the questions below, please attach additional sheets to the applicant.

1. Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

2. Age: \_\_\_\_\_ Primary Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

3. Address: \_\_\_\_\_

4. Present Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

5. Employer's Address: \_\_\_\_\_

6. Current Position: \_\_\_\_\_

7. Do you hold a license or certificate for special, pyrotechnic, or flame effects before a proximate audience in another state? \_\_\_\_\_ If so, where? \_\_\_\_\_  
License Numbers: \_\_\_\_\_

8. Have you had a license or certificate application denied by any state or local authority? \_\_\_\_\_  
If yes, please explain in detail: \_\_\_\_\_

9. Have you had any previous license or certificate revoked or suspended? \_\_\_\_\_  
If yes, please explain in detail: \_\_\_\_\_

10. How many years have you been engaged in the actual use of special, pyrotechnic, or flame effects before a proximate audience? \_\_\_\_\_

11. For what companies or other organizations have you worked in this capacity? \_\_\_\_\_

12. Are you a citizen of the United States or legally residing in this country? ☐ Yes / ☐ No (Check one) Please include a copy of your birth certificate, valid passport, resident, or work Visa.
13. Have you been convicted of a criminal offense that has not been annulled? ☐ Yes / ☐ No (Check One) If yes, please explain in detail: \_\_\_\_\_
14. Are you under indictment in any court for a crime punishable by imprisonment for a term exceeding one year? ☐ Yes / ☐ No (Check One) If yes, provide specific charge(s), to include dates, name, and location of the court: \_\_\_\_\_
15. Are you a fugitive from justice? ☐ Yes / ☐ No (Check One)
16. Have you ever been adjudicated for a mental defect or been committed to a mental institution? ☐ Yes / ☐ No (Check One) If yes, please explain: \_\_\_\_\_
17. Are you an unlawful user of, or addicted to, marijuana, depressants, stimulants, narcotics, or other controlled drugs? ☐ Yes / ☐ No (Check One) If yes, please explain: \_\_\_\_\_
18. Physical characteristics: Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

I certify that I have read the foregoing application and affirm that every statement contained herein is true and correct. I also certify that I am familiar with all state laws, regulations and local ordinances relating to the use and handling of these materials for the location in which I intend to conduct displays of special effects, pyrotechnic effects or flame effects. (*False statements made herein are punishable under RSA 641:3*)

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

- |   |   |
|---|---|
| <input type="checkbox"/> Back ground investigation complete           | <input type="checkbox"/> Copy of I.D. or Driver's license |
| <input type="checkbox"/> Copy of birth certificate, passport, or Visa | <input type="checkbox"/> Endorsement letters provided     |
| Examination Date: _____   | Location: _____   |
| Examiner Name: _____  | Signature: _____  |
| <input type="checkbox"/> Pass <input type="checkbox"/> Fail           | Written test score: _____                                 |



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**ENDORSEMENTS FOR ~~PYROTECHNIC EFFECT, FLAME EFFECT, OR SPECIAL~~**  
**~~PROXIMATE AUDIENCE~~ OPERATORS LICENSE**

NAME OF APPLICANT: \_\_\_\_\_ DOB: \_\_\_\_\_

This form must be endorsed by a person who currently holds a valid NH license for the use of pyrotechnics effects, flame effects, or special effects before a proximate audience, and who has personal knowledge of the applicant's competency to display same. Each endorser shall attest that the applicant was present and assisted the endorser with the display of pyrotechnic effects, flame effects, or special effects before a proximate audience, pursuant to Saf-C 6900.

Endorser: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
License No#: \_\_\_\_\_ Telephone: \_\_\_\_\_

Description of knowledge of applicant's competency by endorser:

\_\_\_\_\_  
\_\_\_\_\_

|  |
|--|
| <b>Display 1#:</b> Date: _____ Time: _____ Location: _____   |
| <b>Type of Effect:</b> <input type="checkbox"/> Pyrotechnic Effect <input type="checkbox"/> Flame Effect <input type="checkbox"/> Special Effect |
| <b>Type and Number of Devices:</b> _____   |
| _____  |
| _____  |
| <b>Duties of Applicant:</b> _____  |
| _____  |
| _____  |
| <b>Please attach copy of approved corresponding permit.</b>  |

|  |
|--|
| <b>Display 2#:</b> Date: _____ Time: _____ Location: _____   |
| <b>Type of Effect:</b> <input type="checkbox"/> Pyrotechnic Effect <input type="checkbox"/> Flame Effect <input type="checkbox"/> Special Effect |
| <b>Type and Number of Devices:</b> _____   |
| _____  |
| _____  |
| <b>Duties of Applicant:</b> _____  |
| _____  |
| _____  |
| <b>Please attach copy of approved corresponding permit.</b>  |

Display 3#: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_  
 Type of Effect: ☐ Pyrotechnic Effect ☐ Flame Effect ☐ Special Effect  
 Type and Number of Devices: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Duties of Applicant: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Please attach copy of approved corresponding permit.

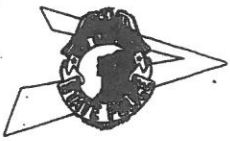
Display 4#: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_  
 Type of Effect: ☐ Pyrotechnic Effect ☐ Flame Effect ☐ Special Effect  
 Type and Number of Devices: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Duties of Applicant: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Please attach copy of approved corresponding permit.

Display 5#: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_  
 Type of Effect: ☐ Pyrotechnic Effect ☐ Flame Effect ☐ Special Effect  
 Type and Number of Devices: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Duties of Applicant: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Please attach copy of approved corresponding permit.

I certify that I have read the foregoing application and affirm that every statement contained herein is true and correct. I also certify that I am familiar with all state laws, regulations and local ordinances relating to the use and handling of these materials for the location in which I intend to conduct displays of special effects, pyrotechnic effects or flame effects. *(False statements made herein are punishable under RSA 641:3)*

Endorsers Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DSFM 93 ~~6/21~~ (Rev 12/21)



# State of New Hampshire

Department of Safety  
DIVISION OF STATE POLICE

Criminal Records Unit

33 Hazen Drive, Concord, NH 03305

## CRIMINAL HISTORY RECORD INFORMATION RELEASE AUTHORIZATION FORM

### INSTRUCTIONS

NH RSA 106-B:14 and Administrative Rule Saf-C 5700 authorizes the dissemination of NH Criminal History Record Information (CHRI) for non-criminal justice purposes. In NH, all CHRI is confidential and released only upon the knowledge and permission of the individual of whom the request is made. Individuals requesting their own record in person need only to complete Section I. If the CHRI is to be released to a third party, both Section I and Section II must be completed. All requests by mail must have both sections completed and Section II notarized.

### SECTION I (PLEASE PRINT CLEARLY)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Maiden \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ Male ☐ Female ☐

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

My signature below signifies I am the individual listed above and the information provided is true.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signed under penalty of unsworn falsification pursuant to RSA 641:13

### PURPOSE OF RECORD

☐ Housing ☐ Employment ☐ Annulment/Expungement ☐ Other \_\_\_\_\_

### SECTION II

I hereby authorize the release of my criminal record conviction(s), if any, to the following:

Person or Entity to Receive Record \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Notary's Signature \_\_\_\_\_ Date \_\_\_\_\_

(Affix seal)

Signature of person/entity to receive record \_\_\_\_\_ Date \_\_\_\_\_

### RECORD CHALLENGE

**Saf-C 5703.12 Procedure for Correcting a CHRI** (a) Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository. (b) A copy shall be provided to a person if after review he/she indicates he/she needs the copy to pursue the challenge. (c) Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct. (d) The director shall take the following actions within 30 days of receipt of challenge: (1) Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid; (2) If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate CJAs shall be notified; and (3) If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 541. (e) When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction. (f) The person shall be entitled to review the information that records the facts, dates, and results of each formal stage of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded.

**WARNING:** The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal History Record of the named individual.

☐ To prevent a delay in processing, I have enclosed a self-addressed envelope.

☐ Prepaid Acc't Number \_\_\_\_\_

A \$25.00 fee is required for each request. Make checks payable to: State of NH – Criminal Records.