



STATE OF DELAWARE  
 OFFICE OF THE STATE FIRE MARSHAL  
 2307 MACARTHUR ROAD  
 NEW CASTLE, DELAWARE 19720-2426  
 PHONE NUMBER (302)323-5375



**APPLICATION FOR FIREWORKS SHOOTER'S LICENSE EXAMINATION**

INSTRUCTIONS: COMPLETE THE APPLICATION IN FULL, ATTACH TWO PASSPORT PHOTOGRAPHS, A CHECK OR MONEY ORDER IN THE AMOUNT OF \$25.00 MADE PAYABLE TO THE STATE OF DELAWARE AND FORWARD TO THE ADDRESS BELOW. UPON RECEIPT OF THE COMPLETED APPLICATION, IT WILL BE PROCESSED AND THE APPLICANT WILL BE ADVISED WHEN AND WHERE TO REPORT FOR TESTING.

1. Name & Address of Applicant: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

County: \_\_\_\_\_ Phone No.: \_\_\_\_\_

2. Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

4. Age: \_\_\_\_\_ 5. Race: \_\_\_\_\_ 6. Height: \_\_\_\_\_ 7. Weight: \_\_\_\_\_

8. Color of Hair: \_\_\_\_\_ 9. Color of Eyes: \_\_\_\_\_

10. Present Employer: \_\_\_\_\_  
 Name & Address: \_\_\_\_\_

11. Has applicant ever been convicted of any crime, with the exception of traffic offenses? \_\_\_\_\_  
 If answered yes, what crime, when, where? \_\_\_\_\_  
 \_\_\_\_\_

12. Briefly outline your experience in use of fireworks; if other licenses are held, list name.  
 \_\_\_\_\_

13. I, \_\_\_\_\_, do hereby certify that I have not knowingly  
 (Print Name of Applicant)  
 withheld information or have not made any false or fictitious statements intended or likely to deceive in connection with the application. I also certify that I have a familiarity and understanding of all published Federal, State and local laws relating to fireworks.

|                                     |       |
|-------------------------------------|-------|
| <b><u>Fire Marshal Use Only</u></b> |       |
| Date Rec'd:                         | _____ |
| Check #:                            | _____ |
| Fee Rec'd:                          | _____ |
| Expiration Date:                    | _____ |

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 E-mail Address