



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 RENEWAL

Instructions: Complete this application for renewal, attach a **CURRENT PASSPORT PHOTOGRAPH** with a check or money order in the amount of \$25.00 made payable to the *State of Delaware*, and forward to the address below. Any license that is not renewed by the expiration date will be voided.

DATE: _____

1. _____ 2. _____
 Name of Applicant County

_____ 3. _____
 Address Social Security Number

_____ 4. _____
 City State Zip Phone No.

5. _____
 Age Date of Birth

6. _____
 Present Employer's Name and Address

7. _____
 Delaware Fireworks Shooter's License Number

8. Has applicant been convicted of any crime within the last calendar year? _____

If answered yes, what crime, when, where? _____

9. Do you hold a license to use fireworks from any State, City, etc.? _____ Explain _____

Application is hereby made for renewal of a Delaware Fireworks Shooter's License according to the information supplied above. All provisions of the State Fire Prevention Rules and Regulations, adopted codes, statutes and ordinances shall be complied with in use of this license.

<u>Fire Marshal Use Only</u>	
Date Rec'd:	_____
Check #:	_____
Fee Rec'd:	_____
Expiration Date:	_____
Photo?	<input type="checkbox"/> Yes <input type="checkbox"/> No

 Signature of Applicant/Title

 E-mail Address