



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.

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

 Signature of Applicant

 E-mail Address