



OFFICE OF THE STATE FIRE MARSHAL

Delaware Fire Service Center
2307 MacArthur Road
New Castle, DE 19720-2426
302-323-5375/Fax 302-323-5366



APPLICATION FOR FIREWORKS SHOOTER'S LICENSE EXAMINATION

COMPLETE THE APPLICATION IN FULL, ATTACH TWO PASSPORT PHOTOGRAPHS, A CHECK OR MONEY ORDER IN THE AMOUNT OF **\$100.00** 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? YES NO

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.

14. E-mail Address: _____

FIRE MARSHAL USE ONLY

Date Rec'd: _____

Signature of Applicant

Check #: _____

Fee Rec'd: _____

License #/Class: _____

Expiration Date: _____