



## 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 RENEWAL

Complete this application for renewal, attach a **CURRENT PASSPORT PHOTOGRAPH** with a check or money order in the amount of **\$100.00** 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. \_\_\_\_\_  
Name of Applicant

2. \_\_\_\_\_  
County

Address \_\_\_\_\_

3. \_\_\_\_\_  
Social Security Number

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

Phone No. \_\_\_\_\_

4. \_\_\_\_\_  
Age \_\_\_\_\_

5. \_\_\_\_\_  
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? YES NO

If answered yes, what crime, when, where? \_\_\_\_\_

9. Do you hold a license to use fireworks from any State, City, etc.? YES NO

Explain: \_\_\_\_\_

10. Email Address: \_\_\_\_\_

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.

#### FIRE MARSHAL USE ONLY

Date Rec'd: \_\_\_\_\_  
Check #: \_\_\_\_\_  
Fee Rec'd: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Photo?  Yes  No

Signature of Applicant/Title \_\_\_\_\_