



**STATE OF CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION
Fire and Explosion Investigation Unit**

**Attn: Special Licensing and Firearms Unit
1111 Country Club Road
Middletown, Connecticut 06457-2389**

APPLICATION FOR PERMIT TO DISPLAY FIREWORKS OR SPECIAL EFFECTS

1. Application and Proof of Financial Responsibility Form, DPS-884-C, must be completed and submitted to the Special Licensing and Firearms Unit (SLFU), **Attention:** SLFU, Fireworks and Special Effects Licensing, at least fifteen (15) days prior to the date of the display.
2. The fee of \$100.00 is payable to the **"Treasurer, State of Connecticut"**.
3. A copy of United States Coast Guard Marine Permit (not application) is required for fireworks fired from a barge.
4. Type or print legibly. **Forms will be returned if they are incomplete or illegible.**

Type of Permit: **Fireworks** **Special Effects**

For Fireworks displays, please submit a diagram of the display site indicating the discharge site, location of the spectator viewing area(s), buildings, highways, nearby utilities, trees and any overhead obstructions, compass heading indicating north, the date the diagram was produced and who produced the diagram. **This application will not be reviewed without this required documentation.**

Name of applicant (sponsoring organization):

Address (number, street, city, state and zip code):

Name of authorized agent (last, first and middle initial):

Address of authorized agent (number, street, city, state and zip code):

Email address of authorized agent:

Telephone number of authorized agent:

Fax number of authorized agent:

Exact location of display:

Date of display:

Time of display:

Rain date:

Time of display:

For SPECIAL EFFECTS displays, please submit a diagram of the display site indicating the location and type of devices to be used, location of the audience, a list of all special effects and type of detonation mechanism(s) to be used. Also, include distances and measurements of the display area including audience location as well as between the effects and equipment/fixtures used.

Note: This application will not be reviewed without this required documentation.

Name of show:

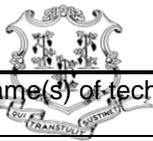
Company name:

Company address (number, street, city, state and zip code):

Company telephone number:

Company fax number:

Number and type of fireworks/special effects to be fired: **Please be specific about the type, size and amount to be fired.**
(use additional paper if required)



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Name(s) of technician(s) who will fire the display: _____

Type of certificate: _____

Connecticut Competency Certificate number: _____

Address of technician: (number, street, city, state and zip code) _____

This application has been reviewed and is Approved Denied Dated: _____

Print name of Chief of Police or First Selectperson Signature of Chief of Police or First Selectperson

Reason for Denial: _____

This application has been reviewed and is Approved Denied Dated: _____

Print name of Fire Chief Signature of Fire Chief

Reason for Denial: _____

***Pursuant to Connecticut General Statutes Section 29-357(b) (1), a compliance check shall be completed by the local Fire Marshal.**

Compliance check of proposed fireworks/special effects display conducted by:

Print name of person conducting compliance check Signature of person conducting compliance check

Compliant Non-Compliant, if non-compliant, explain: (use additional paper if necessary)

Fire and Explosion Investigation Unit Use Only

Incident number: _____ Date received: _____ Date of entry: _____

Check number: _____ Amount: _____ Permit number: _____

Reviewed by: _____
Print name of Investigator and Badge Number Signature of Investigator