

STATE OF UTAH APPLICATION FOR FIREWORKS LICENSE DISPLAY OPERATOR

TYPE OF APPLICATION NEW Application Date:	No. FE
Applicants Name	Pass Exam Y N Date
First Middle	Last
Home Address	
Mailing Address	City State Zip Code
Telephone Driver's Lice	nse Number State
Date of Birth: Age: years	Sex: M F Color of Hair:
Weight:ft	in Color of Eyes:
DISPLAY OPERATOR:	
"Display Operator" means the person who purchases and is responsible for setting up and discharging display fireworks.	
☐ Display Operator must pass a test administered by the State Fire Marshal's Office. Date of exam:	
☐ Display Operator must supply verification of operators safety class acceptable to S.F.M.O.	
☐ Display Operator shall submit written verification that they have worked with a licensed operator for a minimum of 3 display shows.	
Annual Fee \$40.00	
Mail to: UTAH STATE FIRE MARSHAL, 410 West 9800 SOUTH, 3RD FLOOR, SANDY, UTAH 84070	
List employers for the past 3 years for whom you have work	ed shooting fireworks displays. Attach additional sheet, if needed.
Firm	Firm
Address	Address
City	
Dates of Employment From: To:	Dates of Employment To:
Firm	Firm
Address	Address
City	
Dates of To:	Dates of Employment To:
I certify under penalty of perjury to the truth and accuracy of all statements, answers and representations made herein, including any supplementary statements attached hereto.	
Signature	