



Colorado Department of Public Safety
Division of Fire Prevention and Control
 700 Kipling Street, Suite 4100
 Lakewood, CO 80215
 (303)239-4100 phone (303) 239-4131 fax
cdfs_dfpc_fireworks@state.co.us
<http://dfpc.state.co.us>



Application for Display Operator Certification

License Fee \$50.00

New

Renewal

Application must be filled out completely, and filed **AT LEAST 30 DAYS PRIOR** to the start of any permitted activities.

Part 1: Application Information

Name: _____
(Name of individual as you wish it to appear on the license)

Date of Birth: _____ Place of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone #: _____

Email Address: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____ Phone #: _____

Are you an: **Independent Contractor** OR **Employed by a fireworks company**

Part 2: Experience and References (List five (5) firework displays in which you actively participated during the last three (3) years. Include names and contact information for the sponsor or the operator of the display, of whom inquiry can be made as to your character, qualifications and ability to operate a fireworks display.)

Name of Event/Display: _____

Contact Person: _____ Date of Event: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone #: _____

Name of Event/Display: _____

Contact Person: _____ Date of Event: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone #: _____

Name of Event/Display: _____

Contact Person: _____ Date of Event: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone #: _____

Name of Event/Display: _____

Contact Person: _____ Date of Event: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone #: _____



**Colorado Department of Public Safety
Division of Fire Prevention and Control**
700 Kipling Street, Suite 4100
Lakewood, CO 80215
(303)239-4100 phone (303) 239-4131 fax
cdps_dfpc_fireworks@state.co.us
<http://dfpc.state.co.us>



(Part 2 Continued)

Name of Event/Display: _____

Contact Person: _____ Date of Event: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone #: _____

Part 3: Supplemental Information

1. Have you ever been indicted for, arrested for, cited for or convicted of any crime or juvenile offense before any court? (Do not include minor traffic violations)
No Yes (If yes, give date of incident, type of incident and disposition **TYPED** on a separate sheet of paper)

2. Are you presently or have you ever been licensed or certified in any other state to operate a fireworks display?
No Yes (If yes, complete the following)

State where you are, or have been licensed	Date of License	Licensing Authority
_____	_____	_____
_____	_____	_____

3. Has any license of any type held by you been denied, suspended, revoked by the state, territory or government agency for any reason?
No Yes (If yes, list each incident of denial, suspension or revocation, the date of the incident, reason for the action and the disposition **TYPED** on separate sheet of paper.)

Part 4: Application for Waiver of Examination

I hereby request a waiver of the required examination for the reason identified:
This is an application for renewal and I have participated in at least two (2) fireworks displays in the past year. (Please complete Part 2 of this form and provide proof of safety training.)

I am the applicant above and have carefully read and understand the provisions of Colorado Revised Statutes, Title 12, Article 28, concerning the sale and regulation of fireworks and the rules and regulations promulgated there under. This application and the answers given are true and complete to the best of my knowledge.

Signature of Applicant Printed Name Date

Please return, with payment, to the address at the top. If paying with credit card (Visa / MasterCard only), please submit all required documents electronically to the fax number or email address above and then call 303.239.4100 with your credit card information.