A TO THE TOT T	Application for Display Operator Certification	CONCERNING CONCERNING	
License Fee \$50.00		□ New	□ Renewal
Application must be filled o activities.	ut completely, and filed AT LEAST 30 DAYS PRIO	<b>R</b> to the start	of any permitted
Part 1: Application In	formation		
Name:			

	(Name of individua	l 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: 🗆 Independ	lent Contractor	$\Box$ Employed by a f	ïreworks company	
<b>Part 2: Experience and</b> three (3) years. Include names and to your character, qualifications an Name of Event/Display:	l contact information in a bility to operate a bility to be a bility to be a bility to be a bility bility to be a bility	for the sponsor or the operator fireworks display.)	which you actively participated during the last of the display, of whom inquiry can be made as	
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:				
	Date of Event:			
Address:				
City:	State:	Zip Code:	Phone #:	

Name of Ever	nt/Display:					
Contact Perso	n:	Date of Event:				
Address:			Phone #:			
City:	State:	Zip Code:	Phone #:			
Part 3: Supp	lemental Information					
•	ver been indicted for, a ore any court? (Do not incl		onvicted of any crime or juvenile			
□ No □	Solution Yes (If yes, give date of inc	ident, type of incident and disposit	ion <b>TYPED</b> on a separate sheet of paper)			
2. Are you pre fireworks d		r been licensed of certifie	ed in any other state to operate a			
$\Box$ No $\Box$	$\Box$ Yes (If yes, complete the fo	ollowing)				
	e you are,		Licensing Authority			
•	ense of any type held b government agency for		ended, revoked by the state,			
□ No □		t of denial, suspension or revocation <b>ED</b> on separate sheet of paper.)	n, the date of the incident, reason for the action,			

## Part 4: Application for Waiver of Examination

I hear by 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 to: Colorado Division of Fire Prevention & Control 690 Kipling, Suite 2000 Denver, CO 80215 (303) 239-4600