



**MINNESOTA STATE FIRE MARSHAL DIVISION
FIREWORKS OPERATOR CERTIFICATION
APPLICATION FOR EXAMINATION**



This form may be completed on-line and submitted by email, or printed and completed off-line for mail or fax submission. Application forms submitted by email must be signed by the applicant on the date of the examination. All applications must be received no later than the first Friday of each month in order to be considered for that month's examination.

Examination Date Requested: Type of Examination Requested

Outdoor Only Outdoor / Proximate Proximate Only Retake

Note: Examinations are conducted the third Wednesday of every other month.

Name of Applicant:

Mailing Address:

City: State: Zip:

Day Phone: Evening Phone: Fax Number:

Enter all phone numbers without other characters or spaces.

Email Address: Driver's License #: State: Date of Birth:

Do you require any special accommodations in order to take the examination? Yes No

If Yes, please describe:

All data required on a fireworks operator certificate application is required by law or administrative rule. The information is used to identify your fireworks operator certificate record and determine your eligibility for a fireworks operator certificate. Failure to provide required information may result in denial of the certificate. All information on the application is public, except for your driver's license number, and copies of the application or its information may be issued to anyone.

I verify that the above information is true and accurate. I understand that any false information constitutes fraud and may result in denial, suspension or revocation of any certification that may be pending or issued as a result of this examination.

Signature of Applicant: _____ Date:

Mailed or faxed applications must be received at the address below no later than the registration deadline posted on the State Fire Marshal Division Web site: **Click Here**

MN State Fire Marshal Division
Fireworks Operator Certification Program
445 Minnesota Street, Suite 145
St. Paul, MN 55101-5145
Fax: 651-215-0525

OFFICE USE ONLY

ID Verified By:	<input type="text"/>	Type of ID:	<input type="text"/>
Date of Exam:	<input type="text"/>	Test Number:	<input type="text"/>