DEPARTMENT OF PUBLIC SAFETY
MINNESOTA STATE FIRE MARSHAL DIVISION

FIREWORKS OPERATOR CERTIFICATION APPLICATION

(Please print or Type)

Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Telephone: (H) _____ (W) _____

Fax Number: _____ E-mail Address: _____

Driver's License Number: _____ State: _____ Date of Birth: _____

Certification Applied For: _____Outdoor Display _____Proximate Display _____Outdoor and Proximate Display

Office Use Only

Name on Check: _____		Amnt: _____
Picture ID:	Yes ☐ No ☐	Date Fee Pd. _____
Test Results:	Sec. A _____	Rec'd By _____
	Sec. B _____	Check No. _____
Test No. _____	Sec. C _____	Test Date _____

Evidence of Experience

(List participation in at least **five** fireworks displays --one of which must be within the last year. When applying for both Outdoor and Proximate Certificate, experience in a least five displays must be provided for each certification.)

(Please print or type)

	Date of Display	Location	Sponsor	Permit Issued by	Type of Display (Outdoor or Proximate)
1.					
2.					
3.					
4.					
5.					

References

	Name	Address	Telephone No.	Name of Agency/Organization
1.				
2.				
3.				

I verify that the above information is true and accurate. I am aware that any false statement constitutes fraud and may result in a revocation of my certification.

_____ Signature

_____ Date

Return this form and make checks payable to:

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

All data required on a fire works 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 and copies of the application or its information may be issued to anyone.

Revised 1/04