



**S.C. Department of Labor, Licensing and Regulation
 Division of Fire and Life Safety
 Office of State Fire Marshal
 141 Monticello Trail
 Columbia, SC 29203
 (803) 896-9800**

Date _____

RENEWAL APPLICATION FOR PYROTECHNIC OPERATOR

Unrestricted _____ Commercial Outdoor _____ Commercial Indoor _____ Rockets _____ Motion Picture Special Effects _____ Trainee _____

Name _____

Address _____
(Street Address or PO Box) (City/State) (Zip)

Date of Birth _____ Home Phone _____ SS Number _____ Drivers License # _____ State _____

Height _____ Weight _____ Eyes _____ Hair _____ Sex _____

Your Normal Employer _____ Work Phone _____

Address _____
(Street Address or PO Box) (City/State) (Zip)

Rocketry Certification (Certifying Organization) _____ (Number) _____

BATF—Low Explosives Permit Number (if applicable) _____

Physical Disabilities (if any) _____

Who do you shoot for? _____ Phone _____

How many hours of continuing education in pyrotechnics, explosives, blasting or handling have you received in the last two years? _____

Was this training approved by the SC Office of State Fire Marshal? _____ Do you have training certificates? _____

In the past two years, has this applicant been charged with a license violation? _____

If yes, give the nature of the violation and its disposition. _____

I certify that the information provided on this application is true to the best of my knowledge.

APPLICANT _____

SWORN TO BEFORE ME THIS
 _____ DAY OF _____, _____

(Notary Signature)

MY COMMISSION EXPIRES _____