



FIRE PROTECTION BUREAU
EDUCATION, ENFORCEMENT, AND ANALYTICS SECTION

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PUBLIC FIREWORKS DISPLAY REPORT

Display Information

Type of Fireworks Used: 1.3G 1.4G 1.4S

Date of Display	Time Display Started <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	City	County
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Pyrotechnic Operator	License Number	Display Company (or Name of Insurance Provider if no Display Company)
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Event Name	Physical Address of Event
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Display Feedback	Yes	No
1. Were there any duds or defective products/devices used or observed during this display?	<input type="checkbox"/>	<input type="checkbox"/>
2. Were there any injuries that resulted from this display?	<input type="checkbox"/>	<input type="checkbox"/>
3. Were there any fires or property damage that resulted from this display?	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any "YES" responses in the comments section below.

Comments

PLEASE PRINT CLEARLY. DO NOT USE NICKNAMES. List all assistant information for this display. Any name that is not legible or is missing information will not be entered into the Public Display Report Database. This information is used to determine an applicant's eligibility for the Pyrotechnic Operator License—missing assistant information could result in denial of the license. **(IF MORE SPACE IS NEEDED, PLEASE REFER TO THE NEXT PAGE)**

Assistant Information

Legal Name	Complete Mailing Address	Date of Birth	Phone
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Certification

I certify that the information listed in this report is true and accurate, and that I have conducted and supervised all activities directly related to the handling, preparation, and the firing of all pyrotechnics for this show. I am aware that any false statement constitutes fraud and may result in license revocation and/or denial of license renewal.

Pyrotechnic Operator Signature	Printed Name	Date of Signature
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SUBMIT COMPLETED REPORT **ELECTRONICALLY, BY FAX,** OR BY **MAIL** WITHIN 10 DAYS OF DISPLAY DATE TO THE E-MAIL, FAX NUMBER, OR ADDRESS LISTED ABOVE

