



**FIRE PROTECTION BUREAU
 EDUCATION, ENFORCEMENT, AND ANALYTICS SECTION
 PO Box 42642
 Olympia WA 98504-2642
 (360) 596-3946 FAX (360) 596-3934
 Fireworks@wsp.wa.gov**



**FIREWORKS APPLICATION
 WHOLESALER, IMPORTER, AND/OR MANUFACTURER**

INSTRUCTIONS

This application can only be submitted during the month of January for the year you want to be licensed. Any applications received after January 31st will be returned and fees refunded. There are no exceptions. Complete the entire application. Please print in ink or type. Illegible or incomplete applications will be returned, which will delay the issuance of a license.

| | | |
|--|-----------------------|--|
| Company Name | | Federal Tax Identification Number (FDID) |
| Address: (Physical address - DO NOT use PO Box or Rural Route Numbers) | | Company Contact Person |
| Mailing Address | | E-Mail Address for Contact Person |
| Telephone Number () | Fax Number () | Company Web Site Address |

| | | | |
|---|-----------------------|------------------|--------------|
| Applicant Doing Business As (type of business structure) – Check one and provide appropriate information for type. | | | |
| <input type="checkbox"/> Individual - Provide the name of firm's owner. <input type="checkbox"/> Partnership - Provide name of each partner. <input type="checkbox"/> Corporation - Provide the names of the corporate officers and their titles (president, vice president, and secretary). | | | |
| First Name | Middle Initial | Last Name | Title |
| | | | |
| | | | |
| | | | |

| Type of License Applied For | Description of License | Annual Fee |
|--|--|------------|
| <input type="checkbox"/> Wholesaler License | A Wholesaler License is required when any person wants to engage in the selling of fireworks to a retailer or any other person for resale and any person who sells display fireworks to public display licensees. | \$2,000 |
| <input type="checkbox"/> Importer License | An Importer License is required when any person who, for any purpose other than personal use: 1. Brings fireworks into this state or causes fireworks to be brought into this state; 2. Procures the delivery or receives shipments of any fireworks into this state; or 3. Buys or contracts to buy fireworks for shipment into this state. | \$1,000 |
| <input type="checkbox"/> Manufacturer License | A Manufacturer License is required when any person manufactures, makes, constructs, fabricates, or produces any fireworks article or device but does not include persons who assemble or fabricate sets or mechanical pieces in public displays of fireworks or persons who assemble consumer fireworks items or sets or packages containing consumer fireworks items. | \$2,000 |



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DESIGNATED AGENT

Fireworks companies domiciled in other than the state of Washington are required to have a Designated Agent in the state of Washington, registered with the Office of the State Fire Marshal. The Designated Agent is an individual or organization within Washington State that agrees to receive licenses, renewals, and service of process on behalf of the company that is licensed as a Fireworks Wholesaler, Importer, or Manufacturer in the state of Washington.

NOTE: If the Designated Agent is not able to function in the roles listed after a license is issued, it will be grounds for revocation of any license(s) issued by the state of Washington.

| Designated Agent Within Washington State (License Contact Person – Will Appear On License) | | |
|--|-----------------------------------|--|
| Designated Agent Name | | Employer (if different than applicant) |
| Address (Physical address - DO NOT use PO Box or Rural Route Numbers) | | |
| Mailing Address | | |
| Telephone Number () | 24-Hour Contact Number () | E-Mail Address |

APPLICANT BACKGROUND QUESTIONS

The following information is required to be provided in order for the Office of the State Fire Marshal to conduct an investigation to determine if granting of a Fireworks Wholesaler, Importer, and/or Manufacturer License would be contrary to public safety or welfare. If the license is denied, the applicant shall be notified in writing of the reason why the license was denied, and the applicant shall be given an opportunity to make such alterations and corrections as are deemed necessary. License applications shall be either granted or denied by the Office of the State Fire Marshal within 90 days following receipt of a properly submitted or amended application.

Please answer the following questions. If the answer to any question is “yes,” provide detailed information in the section below the questions. Answering with a “yes” is not an automatic denial of the ability to be issued a license. However, failing to provide detailed information to any question answered “yes” is.

- How many years has the company been in the business of wholesaling, importing, and/or manufacturing fireworks? _____ Years
- Is the applicant company currently licensed as a wholesaler, importer, or manufacturer in another state? Yes No **[If yes, indicate the states in the Detail Information Section below.]**
- Has the company been cited for any state or federal fireworks or explosives violation(s) in the past 10 years? Yes No **[If yes, indicate the jurisdiction, violation(s), and final disposition in the Detail Information Section below (this would include any by the Consumer Safety Products Commission).]**
- Have any of the company officers been cited for state or federal fireworks or explosives violations in the past 10 years? Yes No **[If yes, indicate the individual, jurisdiction, charges, and final disposition in the Detail Information Section below.]**



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5. Have any of the company's employees been convicted of a felony or misdemeanor in the past 10 years? Yes No **[If yes, indicate the individual, jurisdiction, charges, and final disposition in the Detail Information Section below.]**

6. Has the company ever had a fire or accident as a result of fireworks activity? Yes No **[If yes, provide a short description of the cause, nature of injuries, amount of property damage, and the results of any investigation in the Detail Information Section below.]**

7. What type of fireworks do you intend to wholesale, import, and/or manufacture? **Check all that apply:** 1.1g 1.3g 1.4g 1.4S

8. If you intend to wholesale, import, and/or manufacture 1.1g 1.3g 1.4g 1.4S, does the company have a current license and/or permit through the Bureau of Alcohol, Tobacco, Firearms and Explosives (BATFE)? Yes No **[If yes, indicate the license/permit number in the Detail Information Section below.]**

DETAIL INFORMATION SECTION

Directions: Before each answer, put the number of the question for which you are providing additional details.



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STORAGE REQUIREMENTS

Check the type of fireworks that you will be purchasing, selling, storing, and/or manufacturing:

| Type | Physical Address of Storage Site | City | County |
|--|----------------------------------|------|--------|
| <input type="checkbox"/> 1.4g | | | |
| 1. Provide a copy of the local permit or approval required by the local officials for this site. | | | |
| Type | Physical Address of Storage Site | City | County |
| <input type="checkbox"/> 1.4s | | | |
| 1. Washington Labor and Industries Magazine License # _____ Expires _____ | | | |
| 2. Provide a copy of the local permit or approval required by the local officials for this site. | | | |
| Type | Physical Address of Storage Site | City | County |
| <input type="checkbox"/> 1.1 & 1.3g | | | |
| 1. Washington Labor and Industries Magazine License # _____ Expires _____ | | | |
| 2. Provide a copy of the local permit or approval required by the local officials for this site. | | | |

NOTE: A license will not be issued without having the approval from the local authority having jurisdiction approving the storage of fireworks at that location.

REFERENCES

List the name, position/title, address, and phone number of three industry references in this or other states:

| | | | |
|--------------------------|--|-----------------------|---------|
| Name | | Position/Title | |
| Company or Agency | | Phone Number | () |
| Mailing Address | | | |
| E-Mail Address | | | |

| | | | |
|--------------------------|--|-----------------------|---------|
| Name | | Position/Title | |
| Company or Agency | | Phone Number | () |
| Mailing Address | | | |
| E-Mail Address | | | |

| | | | |
|--------------------------|--|-----------------------|---------|
| Name | | Position/Title | |
| Company or Agency | | Phone Number | () |
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Submit the completed application, any required documentation, and check or money order for the appropriate fee payable to the Washington State Patrol. Failure to submit the required application, documentation, fees, or fees in the wrong amount will cause the application to be denied or delayed and the funds will be refunded.

Check Number _____ Amount \$ _____

CERTIFICATION

I hereby certify that I have carefully read and am familiar with the provisions of the State Fireworks Law ([RCW 70.77](#)) and the regulations of the State Fire Marshal relating to fireworks ([WAC 212-17](#)), and will comply with all provisions contained therein. I further certify that all information contained in this application is true and complete.

I understand that omitted or misrepresented information can constitute sufficient grounds for denial or revocation of the license(s) I am applying for.

| | |
|----------------------------------|---------------------------------------|
| Signature of Applicant (Primary) | Signature of Applicant (Co-Applicant) |
| Title | Title |
| Date | Date |

IMPORTANT NOTICE

Your completed application must be returned to this office by January 31 of the year you wish your company to be licensed. Applications received after January 31st will be returned and any fees submitted refunded.

[Please note these licenses are valid from the date of issue until January 31 of the subsequent year. Allow 4-6 weeks to process applications.]

Be sure to include with your application:

- Completed application (signatures included)
- Copy of the articles of incorporation (if applicable)
- Copy of Washington Labor and Industries Magazine License (if applicable)
- Copy of the local permit or approval from the local authority having jurisdiction permitting fireworks to be stored at this location
- If licensed in another state – you may provide copies of those licenses
- Check or money order for the license fees

RETURN APPLICATION TO:

Washington State Patrol Fire Protection Bureau
Education, Enforcement, and Analytics Section
PO Box 42642
Olympia WA 98504-2642

| |
|------------------------|
| Agency Use Only |
| Reviewed |