

MISSOURI DIVISION OF FIRE SAFETY



DISPLAY AND PROXIMATE FIREWORKS LICENSING

**APPLICATION FOR LICENSED OPERATOR -
PYROTECHNIC OPERATOR EXAMINATION**

*This entire application must be completed and submitted with the required documentation.
Incomplete applications will be rejected.*

Examination Applying for: Licensed Operator (Outdoor)

Pyrotechnic Operator (Special Effects Proximate)

Test Date Requested: _____ Alternative Date: _____

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Email Address: _____

Driver's License Number and State of Issue: _____

Pyrotechnic Training Course(s) Attended: _____

Course Instructor: _____

Course Location: _____ Date: _____

(Attach Course Certificate or Documentation of Attendance)

By my signature below, I verify that the information provided on this application is true, correct, and complete to the best of my knowledge.

Signature: _____ Date: _____

For Division of Fire Safety Use Only:

Test Date: _____

Approved Course Completion: _____

Notification by: _____ Date: _____