

I have read and understand the Office of the State Fire Marshal's regulations regarding possession, use and transportation of flamethrowing devices and understand that I must abide by the terms of the regulations. I further attest to the fact that the storage sites and vehicles listed above meet the security requirements outlined in the regulations. I understand that violation(s) of the regulations will constitute grounds for either denial or revocation of my Flamethrowing Device Permit. I further understand that application for permit authorizes the inspection of all flamethrowing devices, storage areas and transportation vehicles.

Note: This application must be accompanied by:

- (a) Check or money order for the appropriate fee made payable to "CDF/State Fire Marshal. Fees submitted are nonrefundable.
- (b) A copy of applicant's driver's license,
- (c) A passport photo,
- (d) A photograph and written description of each flamethrowing device, which describes it uniquely, in possession.
- (e) Copy of applicant's Certificate of Eligibility.

(Signature)

_____/_____/_____
(Date)

Return this form and fee to:
CALFIRE
Cashier Unit/Fire Works Program
PO Box 944246
Sacramento, CA 94244-2460
TEL: (916) 445-8373

OSFM USE ONLY ROC # _____ PCA 59420 CDF Source Code 125700.11
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