

DEPARTMENT OF FORESTRY AND FIRE PROTECTION OFFICE OF THE STATE FIRE MARSHAL FIRE ENGINEERING DIVISION APPLICATION FOR FLAMETHROWING DEVICE PERMIT

		• •		•		
Name:						
	Last		F	irst	M.I.	
Address	»:			Telep	hone:()	
City:				State:	Zip:	
Driver's	License #:					
DOB:	//					
Male:	_ Female:	_ Hair:	Eyes:	_ Height:	Weight:_	
•	•			Pyrotechnic Op	perator License?	?
STORA Address	GE SITE OF	FLAMETI	HROWING	nce? No No No DEVICE (PRIM	MARY)	
SECON	DARY STOP	RAGE SITE	E OF FLAN		DEVICE (if any)
Address):			7in:		
PRIMAR	RY TRANSP	ORTING V	'EHICLE/TI	Zip: RAILER		
				Model:		
Vehicle	License Nun	nber:			_State:	
				E/TRAILER (if		
Vehicle	ID Number:_					
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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 # _____

CDF Source Code 125700.11

PCA 59420

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