



Instructions for North Carolina Fireworks Assistant Operators Event Employee Certification

PURSUANT TO NORTH CAROLINA GENERAL STATUTE 95-25.5 (b):

ALL ASSISTANT APPLICANTS MUST BE A MINIMUM OF 18 YEARS OF AGE.

1. Fill out completely including all home address and telephone information. **The e-mail address appearing in this box should be the primary e-mail address which you may be reached, and does not necessarily have to be your personal e-mail address.**
2. Fill out information for questions 1-10. **Failure to complete any one of the questions or provide details regarding “yes” answers will result in no admittance to the display site.**
3. Provide signature and print name legibly in the space provided, provide contact information and date.
4. Pass a safety exam administered by the Authority Having Jurisdiction.

Failure to achieve a passing grade of 80% will result in no admittance to the display site. However, if the applicant for certification does not pass the exam, he/she may still participate in firing of the display, but may not handle any of the pyrotechnic materials.

5. **THE CODE OFFICIAL WILL ADMINISTER THE SAFETY EXAM AND ISSUE THE CERTIFICATION CARD UPON SUCCESSFUL COMPLETION OF THE EXAM.**

Provide signature on Certification Card, print the type of permit (Pyrotechnic or Proximate) name, drivers license number, and address legibly in the space provided.

NOTE: For credit towards the show # shoots requirement for an Operator's Permit, the certification card may be submitted to:

North Carolina Office of State Fire Marshal
Pyrotechnic License Administrator
1202 Mail Service Center
Raleigh NC, 27699-1202

NC PYROTECHNIC DISPLAY EVENT EMPLOYEE APPLICATION

CODE OFFICIAL USE: **Certificate Number:** _____

<u>Name / Address of Applicant</u>	
Name: _____	Driver's
Address: _____	License Number: _____
City: _____ State: _____	State Issued: _____
Zip Code: _____ County: _____	E-Mail Address: _____
Phone: (_____) _____	
Fax: _____	

Each of the following questions must be answered by checking the "Yes" or "No" box. Give full details on a separate sheet for each "Yes" answer.

	Yes	No
1. Has a court ever declared you incompetent by reasons of mental or physical defect or disease?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been committed to a mental institution?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have an addiction to or dependency on alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you a fugitive from justice?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you an undocumented immigrant to the United States?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you under indictment in any court for a felony or any crime for which the judge could imprison you for more than one year?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever been discharged from the armed forces under dishonorable conditions?	<input type="checkbox"/>	<input type="checkbox"/>
8. Having been a citizen of the United States, have you ever renounced your citizenship?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever willfully violated any provisions of the Pyrotechnic Operator Permitting Law (NCGS14-410)?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you made a material misstatement or knowingly withheld information in connection with any original or renewal license application?	<input type="checkbox"/>	<input type="checkbox"/>

I certify that all information contained herein is accurate, true, and complete. My signature authorizes the North Carolina Office of the State Fire Marshal to verify the answers I have given in response to Questions 1, 2, and 3 with identified medical facilities and medical care providers related to the treatment of a mental or physical defect, disease, or addiction.

My signature also indicates that I have received instruction relating to the minimum safety requirements to be present at a pyrotechnics display site, and act as a certified pyrotechnics assistant. I understand that this minimal training does not qualify me to be the "responsible individual" as described in the Safe Explosives Act.

Signature: _____
 Print Name: _____
 Telephone No.: _____ Date: _____