



Application for a Pyrotechnician's Certificate of Competence

You must provide personal information to complete this form. The authority to collect this information is found in the New York State Labor Law. This information will be maintained and used to process the application you are filing with the Division of Safety and Health License and Certificate Unit. Failure to provide this information may result in our inability to process your application. Please see Instruction form (SH 872) regarding forms and information that will be required to complete this application.

Check one: First time applicant (complete all items) Renewal applicant (complete all items except the Test Center section)

Applicant's Information

Last name: _____ First name: _____ Middle initial: _____

Social Security number: _____ Date of birth: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Email: _____ County: _____

Home phone number: _____ Cell phone number: _____

New York State Department of Motor Vehicles driver license or Identification number: _____

Eye color: _____ Hair color: _____ Weight: _____ Pounds Height: _____ Feet _____ Inches

Questions

Do you or have you ever had epilepsy or heart disease? Yes No

Do you have an uncorrected defect in vision, hearing or any other physical handicap? Yes No

Have you been a patient or inmate in an institution for the treatment of mental disease? Yes No

If you answered "Yes" to any of the above, your physician must submit a letter stating that you are physically and mentally capable to work in the field of explosives.

Certification of Child Support

Are you under an obligation to pay child support? If yes, complete following items. Yes No

I am making payments in accordance with a plan agreed upon by the parties. Yes No

I am four months or more behind in the payment of child support. Yes No

My child support obligation is the subject of a pending court proceeding. Yes No

I am receiving public assistance or supplemental security income. Yes No

Certificate of Competence

Check **one** box to indicate the category of Certificate of Competence requested.

Class A - The holder may act as an operator conducting & taking charge of all proximate & non-proximate audience shows.

Class B - The holder may act as an operator conducting & taking charge of all shows that do not involve a proximate audience.

Class C - The holder may act as an operator conducting & taking charge of all shows before a proximate audience.

Questions

Do you currently have an explosives license issued by the New York State Department of Labor? Yes No

License type: _____ License number: _____ Expiration date: _____

Which ATF clearance do you currently hold? (Attach a copy of your ATF Notice or Letter of Clearance.)

Responsible Person Employee Possessor None - Explain status: _____

Experience

Pyrotechnic related experience. Renewal applicants need to update for past 3 years. Attach additional sheets, if necessary. Attach verification.

Employer's name (include self-employment): _____

Employer's address: _____

Dates of employment (M/Y): Start: _____ To: _____

Describe your job duties and types of pyrotechnics/fireworks used. Attach additional sheet or resume if needed.

Employer's name (include self-employment): _____

Employer's address: _____

Dates of employment (M/Y): Start: _____ To: _____

Describe your job duties and types of pyrotechnics/fireworks used. Attach additional sheet or resume if needed.

Employer's name (include self-employment): _____

Employer's address: _____

Dates of employment (M/Y): Start: _____ To: _____

Describe your job duties and types of pyrotechnics/fireworks used. Attach additional sheet or resume if needed.

List your specific show/display experience in the handling, preparation and use of pyrotechnics. Designate whether the display was **nonproximate**, such as fireworks (as defined by NFPA 1123) or **proximate**, such as special effects (as defined by NFPA 1126). **Initial applicants** must include at least 5 proximate **and/or** nonproximate displays for the type of certification sought; be sure to include at least 1 display for each of the 3 years experience required. **Renewal applicants** must include at least 3 proximate **and/or** nonproximate displays within the past 3 years for the type of certification sought. Experience must be verified by your employer, sponsor or permitting authority of the display. (Attach additional sheets, if necessary.)

Date of display: _____ Proximate Nonproximate Employer/Sponsor of display: _____

Location: _____ Operator: _____

Date of display: _____ Proximate Nonproximate Employer/Sponsor of display: _____

Location: _____ Operator: _____

Date of display: _____ Proximate Nonproximate Employer/Sponsor of display: _____

Location: _____ Operator: _____

Date of display: _____ Proximate Nonproximate Employer/Sponsor of display: _____

Location: _____ Operator: _____

Test Center for General Exam (first time applicants only)

Select two locations. Put a "1" after your first location choice and a "2" after your second choice.

- | | | |
|------------------|---------------------|--------------------|
| Albany _____ | New York City _____ | Syracuse _____ |
| Binghamton _____ | Patchogue _____ | Utica _____ |
| Buffalo _____ | Rochester _____ | White Plains _____ |

Acknowledgement

- I swear the information on this form is correct to the best of my knowledge.
- I am aware there are penalties for making false statements.
- I approve the Department of Labor (DOL) and the Department of Motor Vehicles (DMV) to produce an identification (ID) card for me using my DMV photo.
 - I understand my DMV photo will be used for all future license and certificate ID cards
 - I understand that DOL will send this card to the address I maintain with DOL

Applicant's Signature: _____ Date: _____

Do not write in the area below. For office use only

Control #: _____ Fee: _____

Certificate #: _____ Class: _____ Expires: _____