



**S.C. Department of Labor, Licensing and Regulation  
 Division of Fire and Life Safety  
 Office of State Fire Marshal  
 141 Monticello Trail  
 Columbia, SC 29203  
 (803) 896-9800**

Date \_\_\_\_\_

**APPLICATION FOR PYROTECHNIC OPERATOR**

Unrestricted \_\_\_\_\_ Commercial Outdoor \_\_\_\_\_ Commercial Indoor \_\_\_\_\_ Rockets \_\_\_\_\_ Motion Picture Special Effects \_\_\_\_\_ Trainee \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
(Street Address or PO Box) (City/State) (Zip)

Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_ SS Number \_\_\_\_\_ Drivers License # \_\_\_\_\_ State \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_ Sex \_\_\_\_\_

Your Normal Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_  
(Street Address or PO Box) (City/State) (Zip)

Rocketry Certification (Certifying Organization) \_\_\_\_\_ (Number) \_\_\_\_\_

BATF—Low Explosives Permit Number (if applicable) \_\_\_\_\_

Physical Disabilities (if any) \_\_\_\_\_

Who do you shoot for? \_\_\_\_\_ Phone \_\_\_\_\_

List six (6) displays in which you have participated (list display, date and licensed supervisor).

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

A statement attesting to the applicant's experience from a display company licensed in South Carolina must be submitted to the Division of Fire and Life Safety along with this application on the day of testing.

I certify that the information provided on this application is true to the best of my knowledge.

APPLICANT \_\_\_\_\_

SWORN TO BEFORE ME THIS

\_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(Notary Signature)

MY COMMISSION EXPIRES \_\_\_\_\_