



PUBLIC FIREWORKS DISPLAY REPORT

Display Date		Display City	Display County	Date Received
Display Pyrotechnic Operator		Pyrotechnic Company		
				<i>For Official Use</i>
License Number	Event Name			
	Physical Address of Event			

List the name, license number (if applicable), address, and physical age of **ALL** assistants to this display:

Name	License Number	Complete Address	Age

- 1) **Any pyrotechnics purchased for the display not fired or otherwise disposed of?** Yes No
 Explain: _____
- 2) **Any duds or defective shells from this display?** Yes No
 Explain: _____
- 3) **Any injuries from this display?** Yes No
 If yes, provide the name, address, and physical age of each individual injured on the back
- 4) **Any fires caused by the fireworks from this display?** Yes No
 Explain: _____
- 5) **Any violations or irregularities observed during this display?** Yes No
 Explain: _____

I hereby certify that I conducted the public display listed above and supervised the firing of all pyrotechnics. I have completed this report in its entirety and am submitting it to the Office of the State Fire Marshal within ten (10) days following the display. I understand that failure to do so or misrepresenting/concealing any facts or incidents concerning the display shall constitute grounds for license revocation and/or denial of license renewal.

			Office of the State Fire Marshal Fireworks Licensing Unit PO Box 42600 Olympia WA 98504-2600
Pyrotechnic Operator Signature	Date of Signature	Submit this report to:	