



**Office of the Illinois State Fire Marshal**  
**Pyrotechnic Licensing Division**  
**1035 Stevenson Drive**  
**Springfield, IL 62703-4259**



**Application for Production Company License**

Any person, individual, firm, corporation, association, partnership, company, consortium, joint venture, commercial entity, state, municipality, or political subdivision of the state or any agency, department or instrumentality of the United States and any officer, agency or employee of these entities in the film, digital and video media, television, commercial, music or theatrical stage industry who provides pyrotechnic services or pyrotechnic display services as part of a film, digital and video media, television, commercial, music, or theatrical production in the State of Illinois must be licensed by the Office of the Illinois State Fire Marshal (OSFM) pursuant to the Pyrotechnic Distributor and Operator Licensing Act 225 ILCS 227 ("Act"). Please email the following information to: [SFM.PyroFireworks@illinois.gov](mailto:SFM.PyroFireworks@illinois.gov).

1. Type of Production Company License for which you are applying:

☐ Outdoor Professional      ☐ Proximate Audience      ☐ Flame Effect

2. Company Identification Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Production Name: \_\_\_\_\_

Registered Name of Business: \_\_\_\_\_

D.B.A. / Assumed Name of Business: \_\_\_\_\_

Social Security Number (For Sole Proprietorship or Individual)<sup>1</sup>: \_\_\_\_\_

<sup>1</sup> The Identity Protection Act, 5 ILCS 179/1 *et seq.*, requires each local and State government agency to draft, approve, and implement an Identity-Protection Policy that includes a statement of the purpose or purposes for which the agency is collecting and using an individual's Social Security Number (SSN). This statement of purpose is being provided to you because you have been asked by the OSFM to provide your SSN or because you requested a copy of this statement. You are being asked for your SSN for one or more of the following reasons: Internal verification and/or potential collection of fees, penalties or fines. We will only use your SSN for the purpose for which it was collected. We will not: Sell, lease, loan, trade, or rent your SSN to a third party for any purpose; Publicly post or display your SSN; Print your SSN on any card required for you to access our services; Require you to transmit your SSN over the Internet, unless the connection is secure or your SSN is encrypted; or Print your SSN on any materials that are mailed to you, unless state or federal law requires that number to be on documents mailed to you, or unless we are confirming the accuracy of your SSN.

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Employer ID No. (FEIN): \_\_\_\_\_

3. All applicants must submit the following:

A. Current List of Officers

The applicant must submit a complete and current list of all officers, their current personal addresses, and copies of their current driver's licenses (or other government issued ID showing date of birth and photograph). Submit as Attachment A. **Initial:** \_\_\_\_\_

B. General Liability Insurance

The applicant must submit a copy of its currently valid Certificate of Insurance and insurance policy showing proof of not less than \$2,000,000 in commercial general liability insurance and include a rider specifically covering any damage or injury resulting from the pyrotechnic display services or the pyrotechnic services provided. Submit as Attachment B. ***\*See Insurance Note Below.*** **Initial:** \_\_\_\_\_

*\*Insurance Note: The insurance coverage shall provide for a minimum of 30 days coverage after written notice to OSFM of cancellation. The Insurance coverage shall be an "occurrence based" policy, and shall cover all periods of time when pyrotechnic materials, including flame effect materials, are in the insured's actual or constructive possession, including those times when the materials are being stored, transported, handled, used, discharged and displayed. The insurer shall not cancel the insured's coverage or remove an additional insured from the policy coverage without notifying OSFM in writing at least 15 days before cancellation.*

C. Illinois Worker's Compensation Insurance

The applicant must submit a currently valid Certificate of Insurance showing proof of Illinois Worker's Compensation Insurance. Submit as Attachment C. **Initial:** \_\_\_\_\_

D. USDOT Identification Number and Hazardous Materials Registration Number when using Display or Special Effects Fireworks.

The applicant must submit proof of a valid United States Department of Transportation (USDOT) Identification Number along with a current USDOT Hazardous Materials Registration Number. Submit as Attachment D. **Initial:** \_\_\_\_\_

**OR**

The applicant has employed (or will employ) a lead pyrotechnic operator who has a currently valid USDOT Identification Number and a USDOT Hazardous Materials Registration Number. The applicant must attach copies of the lead pyrotechnic operator's numbers or provide the same to OSFM at least 15 days in advance of the performance. Submit as Attachment D. **Initial:** \_\_\_\_\_

**OR**

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The applicant may seek an exemption if it engages only in flame effect pyrotechnic displays and/or never transports materials that require registration with USDOT. Submit supporting Affidavit as Attachment D. **Initial:** \_\_\_\_\_

E. Name of OSFM licensed Lead Pyrotechnic Operator

The applicant must submit the name of the OSFM licensed Lead Pyrotechnic Operator who the production company will employ or insure as an additional named insured on the applicant's general liability insurance. **Initial:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **License #:** \_\_\_\_\_

F. Fingerprint Based Background Check Requirements

By initialing and signing below, the undersigned certifies that the applicant has submitted the fingerprints of its lead pyrotechnic operator (on its behalf) to the Illinois Department of State Police (ISP), to enable ISP to conduct a criminal history check. Please refer to the application instructions for further information and live-scan vendors. **Initial:** \_\_\_\_\_

**OR**

The undersigned certifies that the fingerprint card was previously submitted on a prior license application. **Initial:** \_\_\_\_\_

G. Compliance with the Pyrotechnic Distributor and Operator Licensing Act

By initialing and signing below, the undersigned certifies that the applicant has not willfully violated any provisions of the Pyrotechnic Distributor and Operator Licensing Act, 225 ILCS § 227. **Initial:** \_\_\_\_\_

By initialing and signing below, the undersigned certifies that the applicant has not made any material misstatement or knowingly withheld information in connection with any original or renewal application filed pursuant to the Pyrotechnic Distributor and Operator Licensing Act. **Initial:** \_\_\_\_\_

4. Licensing Fees:

Production Company Distributor License	\$200
Replacement license (lost, stolen, or destroyed) or Duplicate license (worn, damaged, or address change)	\$25

**PLEASE NOTE: DO NOT REMIT PAYMENT with this application. OSFM will invoice you once your application has been reviewed and approved. Pursuant to Section 50(c) of the Act, 225 ILCS 227/50(c), all funds paid under this Act are non-refundable.**

**If you have not completed this application fully, your application will be denied.**

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5. The license issued will be valid for the term of your insurance policy or for a time period shorter than the term of your insurance if you specify, but in no event shall it exceed 1 year.

### **Verification and Authorization of Applicant**

I certify that I have read the Illinois Statutes 225 ILCS 227 (Pyrotechnic Distributor and Operator Licensing Act), 425 ILCS 35 (Pyrotechnic Use Act), and Rules 41 Ill. Admin. Code 230 & 235. (The Office of the Illinois State Fire Marshal (“OSFM”) has posted copies of these documents on its website: [www.sfm.illinois.gov](http://www.sfm.illinois.gov).)

Additionally, I certify that I am authorized to sign this application on behalf of the applicant and that all information and documents submitted herewith are accurate, true, and complete. I further certify that during the term of its license, the production company will maintain all licensing requirements and qualifications, including but not limited to, required insurance/financial responsibility, licenses, letter of clearance and certifications.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

## Application for Production Company Distributor License

### Attachment A – List of Officers<sup>2</sup>

OFFICER'S FULL NAME (FIRST, MIDDLE, LAST)	RESIDENTIAL ADDRESS	TITLE	DATE OF BIRTH (MONTH/DAY/YEAR)	STATE ISSUING; DRIVER'S ID CARD NO. (COPIES ATTACHED)

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<sup>2</sup> "Officer" means:

if the business is a sole proprietorship, the owner of the business or any person exercising managerial control; or if the business is a partnership, any partner who has at least 10% ownership interest or any partner who exercises managerial control; or if the business is a corporation, any officer or director of the corporation or any person who has at least 10% ownership interest in such corporation or who exercises managerial control.



Under penalties of perjury as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, 735 ILCS 5/1-109, the undersigned certifies that the statements set forth in this affidavit are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that she/she verily believes the same to be true.

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**[Signature]**

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**[Print Name and Title of Individual]**

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**[Print Name of Production Company Applicant]**

Subscribed and Sworn to  
Before me this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_.

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NOTARY PUBLIC

Seal: