



Office of the Illinois State Fire Marshal

Pyrotechnic Licensing Division
1035 Stevenson Drive
Springfield, IL 62703-4259



Application to Register Pyrotechnic Assistant

Before an Assistant begins work on a pyrotechnic display or pyrotechnic service, the Pyrotechnic Distributor or Production Company must register the Assistant with the Office of the Illinois State Fire Marshal (OSFM) pursuant to the Pyrotechnic Distributor and Operator Licensing Act 225 ILCS 227 (“Act”). Provide the following information along with a clear copy of a valid state issued driver’s license or valid state issued ID. **Please complete the application and e-mail it to: SFM.PyroFireworks@illinois.gov.** Please print or type the application. Original signatures or an authorized digital signature will be accepted.

PART A - TO BE COMPLETED BY THE PYROTECHNIC DISTRIBUTOR OR PRODUCTION COMPANY:		
Name, Address and License number of Pyrotechnic Distributor/Production Company		
Company Name as Licensed with OSFM:		OSFM License Number:
Street Address:		
City:	State:	Zip Code:
Phone#:	Fax#:	
Email Address:		

Name and Address of Assistant		
Legal Name:		
Street Address:		
City:	State:	Zip Code:
Phone#:	Social Security# ¹ :	

Provide Date Assistant Will Begin Performing Activities Related to Pyrotechnic Displays:	
Mark one of the following:	
<input type="checkbox"/> Assistant is employed as an employee of our Pyrotechnic Distributor/Production Company. <input type="checkbox"/> Assistant is insured as an additional named insured on our Pyrotechnic Distributor/Production Company product liability and general liability insurance policy.	
I certify that the Pyrotechnic Assistant identified above, is employed by the above-listed Pyrotechnic Distributor or Production Company as an employee or is insured as an additional named insured on the Pyrotechnic Distributor or Production Company’s product liability and general liability insurance. I further certify that I am authorized to sign this report on behalf of the above-listed Pyrotechnic Distributor or Production Company, and that all information contained herein is accurate and true.	
Authorized PD/PC Signature:	Date:
Printed Name:	Title:

PART B – TO BE COMPLETED BY THE PYROTECHNIC ASSISTANT:

Legal Name (First, Middle, Last and Suffix):

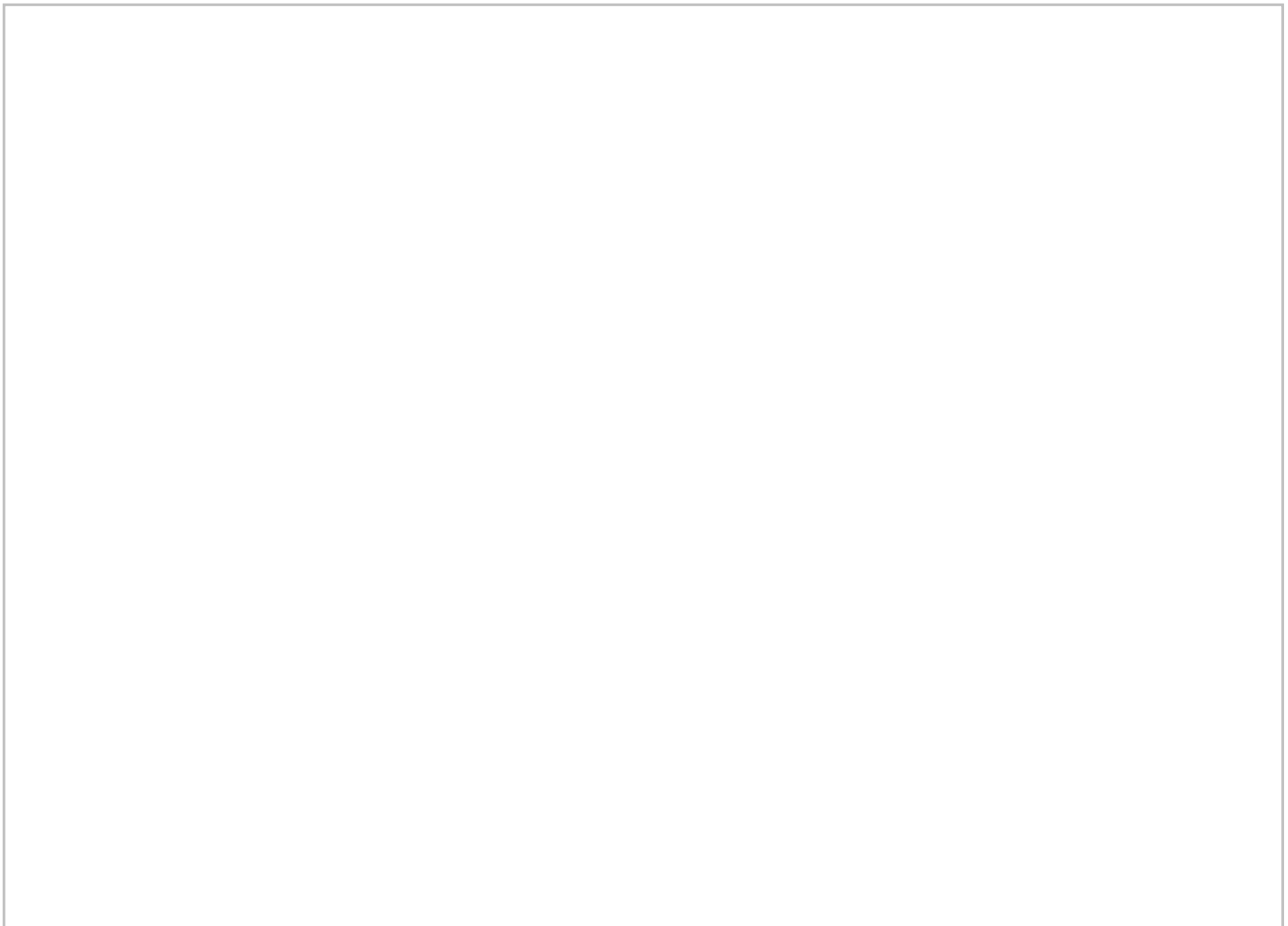
Date of Birth (Month/Date/Year):
Must be 18 years of age or older.

**Each of the following questions must be answered by checking the “Yes” or “No” box.
If you answer “Yes” to questions 1 through 5, please provide details on a separate sheet.**

1. Has a court ever declared you incompetent by reason of mental or physical defect or disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you have an addiction to or dependency on alcohol or drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. In the past 5 years, has any court in any jurisdiction convicted you of any felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you a fugitive from justice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever willfully violated any provisions of the Pyrotechnic Distributor and Operator Licensing Act, 225 ILCS 227 (“Act”)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Are you more than 30 days delinquent in complying with a child support order? In accordance with 5 Illinois Compiled Statutes 100/10-65, the licensee or applicant shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. Failure to certify shall result in disciplinary action and making a false statement may subject the licensee to contempt of court.	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If this does not apply to you, mark 'No'</i>
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Insert image or attach a copy of the Assistant’s valid State Issued Driver’s License or State Issued ID in this area.



The undersigned certifies 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: <https://sfm.illinois.gov>.)

The undersigned further certifies that all information and documents submitted herewith are accurate, true, and complete. My signature authorizes the Office of the Illinois State Fire Marshal to verify the answers I have given in response to the questions above with identified medical facilities and medical care providers related to the treatment of mental or physical defect or disease, or addiction.

Failure to sign this form, submit the necessary information, or provide attachments will cause a delay in the date in which this application is deemed submitted to the Office of the Illinois State Fire Marshal and will cause a delay in the date in which the Assistant may be approved to perform activity related to a pyrotechnic display or pyrotechnic service. Approval as an active registered Assistant can and should be verified on our website.

Applicant’s Signature:		Date:
Printed Name:	Title:	

¹The 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.