



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



**Application for Pyrotechnic Operator License**

Applicants are required to submit disclosure information to the Office of the State Fire Marshal. Failure to do so will result in this application not being processed. **Please complete the application and e-mail it to: [SFM.PyroFireworks@illinois.gov](mailto:SFM.PyroFireworks@illinois.gov) or apply online at <https://joportal.com/IL/Spa/Home> Print or type the application. Original signatures only, no computer-generated signatures will be accepted.**

**Part A: To be Completed by the Pyrotechnic Operator Applicant:**

- New Applicant
- Renewal (Operator's OSFM License Number: \_\_\_\_\_)

**Select the License(s) you are applying for:**

- Outdoor Professional
- Proximate Audience
- Flame Effect

**Name and Address of Operator Applicant and Pyrotechnic Distributor/Production Company:**

Name of Operator:		Social Security # <sup>1</sup> :	
Home Street Address:			
City:	State:	Zip Code:	
County:	Phone #:		
Email Address:			
Name of Pyrotechnic Distributor/Production Company:			
OSFM License #:		FEIN/Social Security # <sup>1</sup> :	
Company Street Address:			
City:	State:	Zip Code:	
County:	Phone #:	Fax #:	
Email Portal Address:			

*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.*

**Part B: Each of the following questions must be answered by checking the “Yes” or “No” box.**

**If you answer “Yes” to questions 1 through 6, please provide details on a separate sheet.**

- |  | Yes                                    | No                                    |
|--|--|---------------------------------------|
| 1. Has a court ever declared you incompetent by reasons of mental or physical defect or disease?   | <input type="checkbox"/>               | <input type="checkbox"/>              |
| 2. Do you have an addiction to or dependency on alcohol or drugs?  | <input type="checkbox"/>               | <input type="checkbox"/>              |
| 3. Are you a fugitive from justice?  | <input type="checkbox"/>               | <input type="checkbox"/>              |
| 4. In the past five years, has any court in any jurisdiction convicted you of any felony?  | <input type="checkbox"/>               | <input type="checkbox"/>              |
| 5. Have you ever willfully violated any provisions of the Pyrotechnic Distributor and Operator Licensing Act, 225 ILCS 227 (“Act”)?                            | <input type="checkbox"/>               | <input type="checkbox"/>              |
| 6. Have you made a material misstatement or knowingly withheld information in connection with any original or renewal license application?                     | <input type="checkbox"/>               | <input type="checkbox"/>              |
| 7. Are you more than 30 days delinquent in complying with a child support order?<br><i>Note: If you are not subject to a child support order, answer “no.”</i> | <b>Yes</b><br><input type="checkbox"/> | <b>No</b><br><input type="checkbox"/> |

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.**

**Part C: All Applicants must attest to or submit the following:**

**A. Age**

The applicant must submit a copy of his/her current driver’s license or other government issued identification that includes their date of birth and photograph. By initialing and signing below, the undersigned certifies that the applicant is at least 21 years of age.

Submit labeled as Attachment A. **Initial:** \_\_\_\_\_

**B. Photograph**

The applicant must submit a 1 ¼” x 1 ½” photograph taken within the preceding two years. The photograph must be clear, front view, full face, head, and shoulders only; without sunglasses, hats, scarves, or any object that obscures the identity of the applicant.

Submit labeled as Attachment B. **Initial:** \_\_\_\_\_

**C. BATFE license**

The applicant must submit either a copy of the applicant’s current license issued by the Bureau of Alcohol, Tobacco, Firearms and Explosives (BATFE), an Employee Possessor Letter of Clearance issued to the licensed distributor through which this operator’s license will be held, or a supporting Affidavit (*on page 10*) if applicant’s BATFE license or Letter of Clearance has been applied for but not yet received.

**Submit labeled as Attachment C. See page 10 for Affidavit. Initial:** \_\_\_\_\_

**OR**

The applicant may seek an exemption if he/she only participates in the safety, setup, discharge, and supervision of flame effect pyrotechnic displays. Regarding the services that the applicant provides, the applicant must not transport, receive, distribute, possess, store, or acquire for use any material that requires a BATFE license..

**Submit labeled as Attachment C. See page 10 for Affidavit. Initial:** \_\_\_\_\_

**D. Pyrotechnic licenses**

The applicant must submit a list of all previous production company licenses held by the applicant and pyrotechnic licenses issued to the applicant by other states.

**Submit labeled as Attachment D. See page 8 for form. Initial:** \_\_\_\_\_

**E. Fingerprint based background check requirements**

By initialing and signing below, the applicant certifies that the applicant has submitted fingerprints certified by the Illinois Department of State Police (ISP), to enable ISP to conduct a criminal history check. Please refer to the [Application Instructions Document](#) for further information and to see a list of live-scan vendors. **Initial:** \_\_\_\_\_

**OR**

By initialing and signing below, the applicant certifies that the fingerprint card was previously submitted on a prior license application. **Initial:** \_\_\_\_\_

**F. IDNR license**

The applicant must provide, as proof of successful completion of the Illinois Department of Natural Resources (IDNR) training program, a current IDNR individual explosive license number and expiration date. **Do not submit a copy of IDNR license. Initial:** \_\_\_\_\_

Applicant’s Name:	
IDNR License#:	
Expiration Date:	

**OR**

If the applicant distributes only flame effect displays, the applicant must submit proof of successful completion of the flame effect written examination administered by the Office of the Illinois State Fire Marshal.

Submit labeled as Attachment E. Initial: \_\_\_\_\_

**Please review the following REQUIREMENTS for receiving a new or renewed Pyrotechnic Operator license and submit the documents accordingly:**

**G. References for All Lead Pyrotechnic Operators:**

**\*NEW APPLICATIONS ONLY\***

The applicant is required to submit references from at least three individuals who are not affiliated with the Pyrotechnic Distributor who employs the applicant, who can verify the experience reported or any training received by the applicant. All references must include the name, address, phone number, and agency or organization represented by the person submitting the reference. These references can be from permitting officials, law enforcement officials who had oversight at a display, fire department personnel who approved and reviewed pyrotechnic displays performed by the applicant in the past, and other individuals who can attest to the applicant's training, experience, and manner in performing displays. In addition, these letters should identify the basis for the opinion expressed in the letter, i.e., how does that person know the applicant and what facts support the opinion expressed in the letter. A copy of a fully signed Illinois Display Report may serve as a letter of reference. OSFM will accept any combination of letters of reference and/or Display Reports totaling the required three references.

Submit letters of reference and/or Display Reports labeled as Attachment F. Initial: \_\_\_\_\_

**H. Outdoor Professional Licensed Operator:**

**\*RENEWAL APPLICATIONS ONLY\***

The applicant must submit proof that during the last three years he/she has performed the services of a lead pyrotechnic operator in at least two outdoor professional pyrotechnic displays.

Submit Illinois Display Reports labeled as Attachment G. Initial: \_\_\_\_\_

**I. Proximate Audience Operator Applicant:**

**\*NEW APPLICATIONS ONLY\***

- a) The applicant must have actively participated in the safe performance of at least ten proximate audience displays. The applicant must have performed the duties of a lead operator in at least two of these displays (either pursuant to a license from another state or under the supervision of a lead operator).

See Acceptable documentation below. Submit labeled as Attachment H. Initial: \_\_\_\_\_

**Acceptable Documentation**

- A copy of a display permit from an issuing authority that lists the applicant as an operator or assistant, including a letter from the issuing authority documenting that there were no injuries or property damage sustained from the display.

**OR**

- A copy of the Illinois Display Report (See 41 Ill. Admin. Code 230.200).

- b) The applicant acknowledges that before receiving a license, he/she must achieve a passing score of at least 80% on the proximate audience written examination administered by OSFM and must be approved by the committee. Initial: \_\_\_\_\_

**Proximate Audience Licensed Operator:**  
**\*RENEWAL APPLICATIONS ONLY\***

During the last three years the applicant must have participated in at least six proximate audience displays.  
**Submit Illinois Display Reports labeled as Attachment I. Initial:** \_\_\_\_\_

**J. Flame Effect Operator Applicant:**  
**\*NEW APPLICATIONS ONLY\***

- a) The applicant must have actively participated as a lead operator or assistant in the safe performance of at least ten flame effect displays. The applicant must have performed the duties of a lead operator in at least two of these displays (either pursuant to a license from another state or under the supervision of a lead operator).

**See Acceptable documentation below. Submit labeled as Attachment J. Initial:** \_\_\_\_\_

**Acceptable Documentation**

- A copy of a display permit from an issuing authority that lists the applicant as an operator or assistant, including a letter from the issuing authority documenting that there were no injuries or property damage sustained from the display.

**OR**

- A copy of the Illinois Display Report (See 41 Ill. Admin. Code 230.200).
- b) The applicant acknowledges that before receiving a license, he/she must achieve a passing score of at least 80% on the flame effect written examination administered by OSFM and must be approved by the committee. **Initial:** \_\_\_\_\_

**Flame Effect Licensed Operators:**  
**\*RENEWAL APPLICATIONS ONLY\***

During the last three years the applicant must have participated in at least six flame effect displays.  
**Submit Illinois Display Reports labeled as Attachment K. Initial:** \_\_\_\_\_

**Continuing Education**

**Continuing Education:**  
**\*RENEWAL APPLICATIONS ONLY\***

The applicant must submit a Continuing Education Record(s) documenting at least six class hours of continuing education for each type of pyrotechnic license he/she holds.

**Submit labeled as Attachment L - Continuing Education Record. See page 9. Initial:** \_\_\_\_\_

**DO NOT REMIT PAYMENT with this application.  
OSFM will invoice you once your application has been approved.**

**Licensing Fees:**

Outdoor Professional License (new or renewal)	\$100
Proximate Audience or Limited Proximate Audience License (new or renewal)	\$300
Flame Effect or Limited Flame Effect License (new or renewal)	\$300
Replacement license or a Duplicate license (lost, stolen, address change, damaged or destroyed)	\$25

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

**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 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 all information and documents submitted herewith are accurate, true, and complete. My signature authorizes the Office of the State Fire Marshal to verify the answers I have given in response to Part B questions 1 and 2, with identified medical facilities and medical care providers related to the treatment of a mental or physical defect or disease, or addiction.

I further certify that during the term of my license, I will maintain all licensing requirements and qualifications, including but not limited to, required insurance/financial responsibility, licenses, letters of clearance and certifications.

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

**Verification of Licensed Pyrotechnic Distributor/Production Company**

The **Pyrotechnic Distributor** attests that it currently employs the above-listed Operator applicant. **Initial:** \_\_\_\_\_

**OR**

The **Production Company** or **Limited Pyrotechnic Distributor** attests that it currently employs the above-listed Operator or insures the above-listed Operator applicant as an additional named insured on its general liability insurance. **Initial:** \_\_\_\_\_

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 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 Pyrotechnic Distributor and that all information and documents submitted herewith are accurate, true, and complete. I further certify that during the term of its license, the Pyrotechnic Distributor will maintain all licensing requirements and qualifications, including but not limited to, required insurance/financial responsibility, licenses, letters of clearance and certifications.

Authorized PD/PC Signature:	
Print Name:	
Title:	
Date:	

## Application for Pyrotechnic Operator License

**Attachment D** – List licenses issued by other states and previous company licenses held by the applicant. For Production Company Lead Operator applicants, include all previous production company licenses held by the operator *Use an additional form if necessary.*

Name on License: (First, Middle Initial, Last)	
Issuing Agency/ State:	
License Number:	Type of License:
License Status: (e.g., active, suspended, lapsed)	
Name on License: (First, Middle Initial, Last)	
Issuing Agency/ State:	
License Number:	Type of License:
License Status: (e.g., active, suspended, lapsed)	
Name on License: (First, Middle Initial, Last)	
Issuing Agency/ State:	
License Number:	Type of License:
License Status: (e.g., active, suspended, lapsed)	
Name on License: (First, Middle Initial, Last)	
Issuing Agency/ State:	
License Number:	Type of License:
License Status: (e.g., active, suspended, lapsed)	
Name on License: (First, Middle Initial, Last)	
Issuing Agency/ State:	
License Number:	Type of License:
License Status: (e.g., active, suspended, lapsed)	





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## Attachment L - Continuing Education Record for Renewals ONLY

Licenses must provide evidence of satisfactory completion of **at least six hours of continuing education in their respective area of licensure to ensure continued qualification of the licensee.** Please note, this means that if you have all three types of licenses you are **required to have at least six hours of continuing education in each discipline.** Continuing education may be conducted by a federal or state agency, by an independent organization that has experience in the subject matter, or by the distributor. Complete this form for each class/Seminar/Conference or for which you are claiming continuing education hours and return it with your license renewal application.

### License for which Continuing Education hours listed below are to be applied:

Outdoor Professional     Proximate Audience     Flame Effect

Existing OSFM Licensing #:	Expiration Date:
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### Name/Address of Licensee:

Name of Licensee:			
Street Address:		City:	
State:	Zip code:	County:	
Phone#:		Name of Distributor:	
Distributors Signature:			

*By signing above, the Pyrotechnic Distributor hereby attests that it currently employs this Licensee and attests that said employee has completed this education.*

### Continuing Education Event Attended:

Course Title:	Hours in Class <sup>1</sup> :
Instructor(s) Name(s) <sup>2</sup> :	
Date(s) of Event:	Location of Event:
List of topics Covered <sup>3</sup> :	

<sup>1</sup> Do not include mealtime and breaks when calculating the hours in class training.

<sup>2</sup> If not included in the agenda or course outline, attach a biography of the instructor(s).

<sup>3</sup> Submit an agenda or outline of the course. For courses with hours in more than one area of licensing, identify the hours spent on each area of licensing. Example: Outdoor Prof. 2.5 hours, Prox. Audience 3.0, Flame Effect 2.0.

### For Office Use Only

Accepted     Denied    Comments \_\_\_\_\_



**Office of the Illinois State Fire Marshal Pyrotechnic Licensing Division  
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**For use ONLY by Applicants who are NOT submitting a current BATFE License or Letter of Clearance**

State of \_\_\_\_\_ )  
State of Residence

County of \_\_\_\_\_ )  
County of Residence

**AFFIDAVIT IN SUPPORT OF PYROTECHNIC OPERATOR LICENSE APPLICATION**

The undersigned \_\_\_\_\_ [name of Pyrotechnic Operator applicant], also referred to as "applicant," being duly sworn under oath, states and affirms as follows:

1. This Affidavit is made in support of the applicant's application for a Pyrotechnic Operator license with the Office of the Illinois State Fire Marshal (OSFM).
2. [Only those applicants who have applied for Bureau of Alcohol, Tobacco, Firearms and Explosives (BATFE) licensing or letter of clearance but have not yet received the license or letter of clearance must complete a. and b. of paragraph 2.]
  - a. I am attaching a copy of my application for Bureau of Alcohol, Tobacco, Firearms and Explosives (BATFE) licensing or letter of clearance. Initial: \_\_\_\_\_
  - b. Date the attached application was submitted to the BATFE for processing: \_\_\_\_\_, 20\_\_\_\_. Initial: \_\_\_\_\_
3. [Only those applicants seeking exemption from providing Bureau of Alcohol, Tobacco, Firearms and Explosives (BATFE) licensing or letter of clearance must complete a. and b. of paragraph 3]
  - a. The applicant only participates in the safety, setup, discharge, and supervision of flame effect pyrotechnic displays. Initial: \_\_\_\_\_
  - b. With regard to the pyrotechnic services provided by the applicant, the applicant does not transport, receive, distribute, possess, store, or acquire for use any material that requires a BATFE license. Initial: \_\_\_\_\_
4. Further affiant sayeth not.

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.

\_\_\_\_\_  
[Signature of Applicant]

\_\_\_\_\_  
[Print Name of Pyrotechnic Operator Applicant]

\_\_\_\_\_  
[Print Name of Pyrotechnic Distributor]

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

\_\_\_\_\_  
NOTARY PUBLIC

Seal: