



In Cooperation with the Florida Division of State Fire Marshal

30 Calendar Days Advance Notice Required for Review
 CE Permit Application for the Use of Pyrotechnic Displays on University Property

30 Calendar Days Advance Notice Required for Review

I. Pyrotechnics Applicant Section

Please PRINT fill in all sections except those underlined as office use only.

Date of show starting:	Date of show ending:
Show Name:	
Show Address:	
Name of ^h ^ & contact:	
Ceiling Height (ft):	Minimum distances to audience provided (ft):

Pyrotechnic Vendor (Applicant):

Business Name:	
Business Address:	
Telephone #:	Fax #:
Email:	
Board Certificate Insurance in the amount of:	
Federal License #:	

W } CE } š Z v] Operator's Name
Permanent Address:
Telephone #:

Driver Ad Adthe show and attach completed [Form A](#).

These Columns for Office Use Only

Item	Applicant to Check All Provided	Attachments	EH&S Verified	State Fire Marshal	
				Approved	Disapproved
1.	<input type="checkbox"/>	Copy of valid ATF and/or State Explosives License.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	Copy of Valid Driver's licenses for all operators and assistants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.					

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II. Sponsoring University Department Section

UF Facility Management Approval

The request for pyrotechnics on University Properties must be approved by the building coordinator, facilities area management as applicable. Application must be routed through the university contact for appropriate signatures prior to delivery to Environmental Health and Safety for processing.

Printed Name:	Signature:	Date:

Independent Fire Watch

The sponsoring university department or facility is required to provide an approved independent fire watch for all pyrotechnic displays. This shall be dedicated staff separate from the pyrotechnic vendor, whose only responsibility is the pyrotechnic fire watch duties. A minimum of one fire watch person is required for all events. Additional staff may be required through the University.

University Contact Name:	Phone:
Proposed Fire Watch Name:	Phone:
Qualifications:	
<input type="checkbox"/> Check here if this is a fire watch event.	

III. UF Environmental Health and Safety Section (Office Use Only)

Application Received Date:
<input type="checkbox"/> This application has been screened to be substantially in compliance with University guidelines and is ready for State Fire Marshal review and approval
EH&S Comments:
UF Fire Safety
Printed Name: Signature: Date:

IV. Florida Division of State Fire Marshal Section (Office Use Only)

Application Received Date:
<input type="checkbox"/> Fire watch approved as submitted. <input type="checkbox"/> Additional fire watch required.
<input type="checkbox"/> Approved <input type="checkbox"/> Approved with Comments <input type="checkbox"/> Disapproved
Comments:
State Fire Marshal Representative
Printed Name: Signature: Date: