ARKANSAS STATE POLICE

ASP 106-A
REV. 01/11

Licensing & Permitting Division
State Fire Marshal Section
Pyrotechnic Shooter Application

FWS# _____
OFFICIAL USE ONLY

Check One: ☐ **New Applicant** ☐ **Renewal Applicant**

Applicant Name: _____

Address: _____

E-Mail Address: _____

Phone Number: Home: _____ Work: _____ Cell: _____

Drivers License#: _____

Pyrotechnic School Attended: _____

Dates and locations of the (last 5) successful shoots: _____

Or if you've observed a licensed shooter _____

_____

_____

Please include a copy of your Certificate of Training from the most recently completed Pyrotechnic School and a check or money order made payable to the, Arkansas State Police, 1 State Police Plaza Dr., Little Rock AR 72209, in the amount of $50.00.

Statute 20-22-707 (ii) – This fee for Shooters shall be waived if the applicant verifies (verification should be written or typed on letterhead signed by the Fire Chief) that the applicant is a professional or volunteer firefighter.

I certify by signature that I have read and have in my possession NFPA Pamphlet #1123.

_____

Signature Date: Month/Day/Year