

**MAILING ADDRESS:**  
P O BOX 303352  
MONTGOMERY, AL 36130-3352

**DEPARTMENT OF INSURANCE  
STATE FIRE MARSHAL'S OFFICE  
(334) 241-4166  
(334) 241-4158 FAX**

**OVERNIGHT ADDRESS:**  
201 MONROE STREET, SUITE 1790  
MONTGOMERY, AL 36104  
**PLEASE USE FEDEX, UPS, DHL**

**APPLICATION FOR CLOSE PROXIMATE AUDIENCE**

**FEES FOR PROXIMATE AUDIENCE DISPLAYS: FEES ARE NON-REFUNDABLE**

**APPLICATIONS RECEIVED TEN (10) DAYS PRIOR TO DISPLAY AT \$100.00 (Single performance permit).**

**ADDITIONAL PERFORMANCES – SAME CALENDAR DATE/LOCATION – ADD \$50.00 PER ADDITIONAL PERFORMANCE.**

**APPLICATIONS RECEIVED LESS THAN TEN (10) DAYS PRIOR TO DISPLAY \$200.00 (Single performance permit).**

**ADDITIONAL PERFORMANCES – SAME CALENDAR DATE/LOCATION – ADD \$100.00 PER ADDITIONAL PERFORMANCE.**

Name of Applicant: \_\_\_\_\_

DOB (required) \_\_\_\_\_ Security Number (required): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

Telephone Numbers: Home: (\_\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_

Person/Business Sponsoring Display: \_\_\_\_\_

Person of Company Conducting Display: \_\_\_\_\_

Name of Business Fireworks Obtained From: \_\_\_\_\_

Display Location (Complete Physical Address): \_\_\_\_\_

\_\_\_\_\_ County: \_\_\_\_\_

Display Date(s): \_\_\_\_\_ Time(s): \_\_\_\_\_

**In submitting this application, I certify this proximate audience display location shall not be hazardous to life or property.**

**Make all checks/money orders payable to the  
State Fire Marshals Fund**

\_\_\_\_\_  
**Applicant's signature**

**Police Chief's Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Fire Chief's Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY**  
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INSPECTION DATE: \_\_\_\_\_ REPORT DATE: \_\_\_\_\_

Has the pyrotechnics use plan required by NFPA 1126 been provided? \_\_\_\_\_ Is a copy on hand at the location? \_\_\_\_\_

Has a demonstration of the performance been observed? \_\_\_\_\_ Were any problems observed? \_\_\_\_\_

Is there sufficient information available to waive the demonstration requirement? \_\_\_\_\_ (If yes, provide details) \_\_\_\_\_

Is the pyrotechnics operation at least 21 years of age? \_\_\_\_\_ Are all assistants to the operator at least 18 years of age? \_\_\_\_\_

Are the pyrotechnics and associated equipment manufacturer's requirement instructions available to the operator? \_\_\_\_\_

Are the pyrotechnics or binary systems identified? \_\_\_\_\_ Are binary materials for indoor use? \_\_\_\_\_

Is the correct portable fire extinguishing equipment available? \_\_\_\_\_ Have firing prerequisites been met? \_\_\_\_\_

Are firing safeguard in place? \_\_\_\_\_ Have separation distances from the audible been met? \_\_\_\_\_

Is the operator aware of the:

(1) safety precaution requirements? \_\_\_\_\_ (2) performance requirements? \_\_\_\_\_ (3) post performance requirements? \_\_\_\_\_

Is there any reason this permit should be denied? \_\_\_\_\_ If yes, give details. \_\_\_\_\_

\_\_\_\_\_  
Inspector's Signature

## Close Proximity Checklist

When submitting an application for Close Proximity please make sure the following items are included in the packet to our office. Otherwise, this will cause delays in processing your application and permit.

\_\_\_\_\_ Close Proximity Application

\_\_\_\_\_ Fee for event made payable to: State Fire Marshal's Fund

\_\_\_\_\_ Plan for the use of pyrotechnics (following items should be included)

1. Name of the person, group, or organization sponsoring the production
2. Date and time of day of the production
3. Exact location of the production
4. Name of the person actually in charge of firing pyrotechnics (i.e., the pyrotechnic operator)
5. Number, names, and ages of all assistants who are to be present
6. Qualifications of the pyrotechnic operator
7. Confirmation of any applicable state and federal licenses held by the operator or assistant(s)
8. Evidence of the permittee's insurance carrier or financial responsibility
9. Number and type of pyrotechnic devices and materials to be used, the operator's experience with those devices and effects, and a definition of the general responsibilities of assistants.
10. Diagram of the grounds or facilities where the production is to be held. This diagram shall show the point at which the pyrotechnic devices are to be fired, the fallout radius for each pyrotechnic device used in the performance, and the lines behind which the audience shall be restrained.
11. Point of on-site assembly of pyrotechnic devices
12. Manner and place of storage of the pyrotechnic materials and devices
13. Material safety data sheet (MSDS) for the pyrotechnic material(s) to be used
14. Certification that the set, scenery, and rigging materials are inherently flame-retardant or have been treated to achieve flame retardancy.
15. Certification that all materials worn by performers in the fallout area during use of pyrotechnic effects shall be inherently flame retardant or have been treated to achieve flame retardancy.

\_\_\_\_\_ Written Information about products from manufacturer detailing the following:

1. Name of the pyrotechnic device and a description of its effect
2. Performance characteristics (duration, height, and diameter of the effect) for the pyrotechnic device where used as specified, or, in the case of binary materials, where used in the specified amounts for the designated materials and equipment
3. Material safety data sheet (MSDS) for the pyrotechnic materials
4. The manufacturer's statement regarding whether the pyrotechnic device or material is intended for indoor use and whether it is to be used with any cautions or special considerations
5. Instructions for the proper method(s) of placing, loading, and using the pyrotechnic device, including any cautions or special considerations
6. Name, address, and phone number of the manufacturer

\_\_\_\_\_ Identification of Pyrotechnic Devices or Binary Systems

1. Name of the pyrotechnic device or binary system
2. Name, address, and phone number of the manufacturer
3. Statement describing the conditions of use and potential hazards
4. Manufacturer's statement regarding whether the pyrotechnic device or binary system is intended for indoor use.

**PLEASE SEND ALL INFORMATION TO:**

**MAILING ADDRESS:**

P.O. BOX 303352  
MONTGOMERY, AL 36130-3352

**OVERNIGHT ADDRESS:**

**PLEASE USE FEDEX, UPS, OR DHL FOR OVERNIGHTS**

201 MONROE STREET, SUITE 1790  
MONTGOMERY, AL 36104

**This event must meet or exceed NFPA 1126 standards.**

***NOTE:* Flame effects utilizing propane gas are to get approved through the State LP Gas Board. Contact Bernie Gilliland at (334) 242-5649.**