



New York State Department of Labor  
 Division of Safety and Health  
 License & Certification Unit, Room 161A  
 State Campus Building 12  
 Albany, NY 12240  
 (518) 457-2735

<b>Labor Department Use Only</b>	
Control #	_____
Fee	_____
Cert. #	_____
Class	_____
Expires	_____

### Application for a Pyrotechnician's Certificate of Competence

Check One:  First time applicant - Complete all items  Renewal applicant - Complete items 1 – 15.

Please type or print all answers

1. Social Security Number	2. NYS Dept. of Motor Vehicles Driver License or ID Number	3. Date of Birth M/D/Y		
4. Last Name of Applicant	First Name	Middle Initial		
5. Number and Street	City, Town, Village	State	ZIP	County
6. Area Code and Phone Number 6a. Home:	6b. Cell:	6c. Email:		

7. Physical Characteristics

a. Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. b. Weight: \_\_\_\_\_ lbs. c. Hair Color: \_\_\_\_\_ d. Eye Color: \_\_\_\_\_

8a. Do you have a physical condition such as, but not limited to, epilepsy, heart disease or from an uncorrected defect in vision or hearing which might affect your ability to handle or use explosives?  No  Yes

8b. Have you ever been confined as a patient or inmate in an institution for the treatment of mental disease?  No  Yes

If "Yes" to 8a or 8b, please explain. (Attach additional sheet if needed.)

9. Are you under an obligation to pay child support? If yes, complete items 1-4 below
- |  |  |
|--|--|
| <input type="checkbox"/> Yes   | <input type="checkbox"/> No                              |
| 1. I am making payments in accordance with a plan agreed upon by the parties | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. I am four months or more behind in child support payments.                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. My child support obligation is pending a court proceeding.                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. I am receiving public assistance or supplemental security income.         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

10. Check ONE box to indicate the category of Certificate of Competence requested.

- Class A – The holder may act as an operator conducting & taking charge of all proximate & non-proximate audience shows.
- Class B – The holder may act as an operator conducting & taking charge of all shows that do not involve a proximate audience.
- Class C – The holder may act as an operator conducting & taking charge of all shows before a proximate audience.

11. Do you currently have an explosives license issued by the New York State Department of Labor?

Yes  No License Type: \_\_\_\_\_ License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

12. Which ATF clearance do you currently hold?

Responsible Person  Employee Possessor  None: Explain status \_\_\_\_\_

13. Training. List pyrotechnic training courses which you have completed in the last three years. (Attach copies of training certificates.)

Dates of Training	Course Name	Number of Hours	Provider	Phone Number of Provider
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14. Pyrotechnic related experience. Renewal applicants need to update for past 3 years only. (Attach verification.)

Name & Address of Employer (Include Self Employment)	Dates of Employment Start: :M/Y To: M/Y	Describe your job duties and types of pyrotechnics/fireworks used. Attach additional sheet or resume if needed.

15. List your specific show/display experience in the handling, preparation and use of pyrotechnics. Designate whether the display was **nonproximate**, such as fireworks (as defined by NFPA 1123) or **proximate**, such as special effects (as defined by NFPA 1126). **Initial applicants** must include at least 5 proximate **and/or** nonproximate displays for the type of certification sought; be sure to include at least 1 display for each of the 3 years experience required. **Renewal applicants** must include at least 3 proximate **and/or** nonproximate displays within the past 3 years for the type of certification sought. Experience must be verified by your employer, sponsor or permitting authority of the display. (Attach additional sheet if needed.)

Date of Display	P- Proximate N- Nonproximate	Employer or Sponsor of Display	Location	Operator
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16. Test Center For General Exam – (This section is for first time applicants.) Please select two locations. Indicate first choice by putting a “1” after that location and “2” after your second choice.

- |                  |                     |                      |                    |
|------------------|---------------------|----------------------|--------------------|
| Albany _____     | Hicksville _____    | Nyack _____          | Rochester _____    |
| Binghamton _____ | Kingston _____      | Port Jefferson _____ | Saranac Lake _____ |
| Buffalo _____    | Middletown _____    | Station _____        | Syracuse _____     |
| Fredonia _____   | New York City _____ | Poughkeepsie _____   | Utica _____        |

I swear or affirm as true under penalties of perjury, that all the statements and information I have provided in this application are true to the best of my knowledge and belief. I further acknowledge that intentional submission of any false or misleading information to the Department of Labor in furtherance of this application may constitute a crime and/or provide grounds for the revocation of this license/certificate.

To complete this form, you must provide certain personal information. The authority to collect this information is found in the New York State Labor Law. We will maintain this information and use it to process the application you are filing with the License & Certificate Unit. If you don't provide this information, we cannot process your application.

I understand that by signing this, I grant permission to the Commissioner of Labor to provide access to my Unemployment Insurance (U.I.) benefit file.

I authorize the DOL and the DMV to produce an ID card bearing my DMV photo. I understand that DOL will send this card to the address I maintain with DOL. I also understand that DOL and DMV will use my photo to manufacture all my subsequent ID cards for as long as I maintain my license/certification with the DOL.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

Please see Instruction form (SH 872) regarding forms and information that will be required to complete this application.