



West Virginia State Fire Marshal's Office
Regulatory & Licensing Division

Application to Be a Registered
Manufacturer, Wholesaler, Distributer
or Importer of Consumer / Display Fireworks

WV State Fire Marshal
1207 Quarrier St
Charleston, WV 25301
Phone: (304) 558-2191

Revised 05/2016

Instructions and Information on obtaining a West Virginia Consumer Fireworks Certificate

- Please complete the application printed legibly in **blue** ink or using a printer.
- Processing of your application will be rejected if this application and other forms are incomplete.
- Submission of the application does not authorize the applicant to engage in the requested activity. You must obtain the actual Certificate before commencing operations. Please submit your application at least 60 days prior to you planned start of operations.
- A separate application is required for each location in which consumer fireworks are manufactured and/or stored.
- A separate application is required for each location in which consumer fireworks that are to be distributed and/or stored.
- A separate application is required for each wholesale location in which consumer fireworks are stored.
- A separate application is required for each location in which consumer fireworks are imported and/or stored.
- All requirements of 103CSR4 & NFPA 1124 Edition 2006, SHALL be enforced.
- If you obtain a manufacturing license, you are not required to obtain a separate Wholesaler/Distributor/Importer license. Being registered as a Manufacturer/Wholesaler/Distributor/Importer does **NOT** exempt you from the obtaining of a Consumer Fireworks Certificate, as this must be obtained separately.
- With this application, the applicant shall submit:
 - ✓ A copy of CURRENT WV Worker's Compensation Insurance coverage (if applicable).
 - ✓ Current public and product liability insurance coverage.
 - ✓ ***Copies of all federal and ATF permits as required.***
 - ✓ A detailed Site Plan clearly indicating the location of any and all magazines/outdoor storage units in reference to any landmarks and/or roadways.
 - ✓ A detailed Site Plan and a detailed floor layout of all Manufacturing/Wholesaling/Distributing/Importing facilities.
 - ✓ A signed affidavit stating that all employees with access to consumer/display fireworks are proficiently trained and compliant with all federal and state licensing laws that are applicable.
 - ✓ A list of **all** individuals, including Social Security numbers with access to any federally regulated product.
 - ✓ A complete description of all pyrotechnic products to be sold from this location, if within the State of West Virginia.
- If the application is approved you will receive a Certificate in the mail. If the application is denied, we will advise in writing the reason(s) for denial.

Initial inspection to all instate facilities shall be conducted prior to issuance of a certificate.



Office Use Only

Application for a West Virginia Explosives Permit

Be sure to complete all sections of this application in *print and legible*.

Please read the instructions carefully before completing the application					
Company Name					
Subsidiary of (if applicable)					
dba (if different from above)					
Company Address					
	City		State		ZIP
Storage Address					
	City		State		ZIP
Type of Facility	<input type="checkbox"/> Type 1.1 Explosive		<input type="checkbox"/> Type 1.3 Display Explosive		
	<input type="checkbox"/> Type 1.4 Explosive		<input type="checkbox"/> Type 1.4S Indoor Display Explosive		

The Person Named Below Represents the Company as Applicant

Name (First, M., Last)		Title	
Phone		Fax	
Cell Phone		e-mail	
Soc. Sec. No.:		Date of Birth	
Driver's License No		State of Issue	

Check the Type of Explosives Permit Your Company Wishes To Obtain

<input type="checkbox"/>	Dealer	\$ 500.00
<input type="checkbox"/>	Manufacturer	\$ 1000.00
<input type="checkbox"/>	Importer	\$ 500.00
<input type="checkbox"/>	Storage magazine/outdoor storage unit (In State)	\$ 100.00 each

Please be aware that there is an additional non-refundable \$ 40.00 review charge.

Do all employees that physically come in contact with explosive materials have a current ATF clearance for use of explosives?	___ N/A ___ yes ___ no
If transporting explosive materials in commerce: Are you in compliance with D.O.T.?	___ yes ___ no
For Manufacturing only: Anticipated quantity to be manufactured	___ lbs. monthly / annually(circle one)
For Manufacturing/Wholesaling/Distributing/Importing only: DOT classification of explosives	Check all that apply __1.1 __1.3 __1.4 __ 1.4S

Property Owner/Landlord							
Property Owner/Landlord Representative							
Property Owner/Landlord Site (List Complex, facility or site, and nearest street intersection, if different from company address)							
Site GPS Coordinates	Latitude			Longitude			
Scheduled Dates and Times for Operation	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday



Any false information provided in this application SHALL result in revocation of the permit.



Affidavit

This application and the information contained here-in are true and correct. I am aware that any false statements made herein may result in revocation of my registration and may be subject to criminal proceedings in accordance with West Virginia State Code. I am aware that I must obey all procedures in accordance with 103CSR4 & NFPA 1124 Edition 2006, and failure to do so may result in receiving citations issued by the WV State Fire Marshal.

Signature		Date	
Property Owner/Landlord(s) Authorization			
Signature		Date	

List ALL magazines/outdoor storage units that are permanently located on this site.

Magazine ID or Serial Number		Magazine Owner	
Magazine Location			
Magazine Type (ATF number and Description)			
Explosive Type Stored	_____ 1.1	_____ 1.3	_____ 1.4 _____ 1.4S
Amount of Explosives Stored			Lbs. /Quantity (Circle one)
GPS Coordinates	Latitude		Longitude

Magazine ID or Serial Number		Magazine Owner	
Magazine Location			
Magazine Type (ATF number and Description)			
Explosive Type Stored	_____ 1.1	_____ 1.3	_____ 1.4 _____ 1.4S
Amount of Explosives Stored			Lbs. /Quantity (Circle one)
GPS Coordinates	Latitude		Longitude

Magazine ID or Serial Number		Magazine Owner	
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Explosive Type Stored	_____ 1.1	_____ 1.3	_____ 1.4 _____ 1.4S
Amount of Explosives Stored			Lbs. /Quantity (Circle one)
GPS Coordinates	Latitude		Longitude

Magazine ID or Serial Number		Magazine Owner	
Magazine Location			
Magazine Type (ATF number and Description)			
Explosive Type Stored	_____ 1.1	_____ 1.3	_____ 1.4 _____ 1.4S
Amount of Explosives Stored			Lbs. /Quantity (Circle one)
GPS Coordinates	Latitude		Longitude

Please make additional copies as needed