



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

**Application for
Pyrotechnician Exam**

WV State Fire Marshal's Office
Regulatory and Licensing Division
1700 MacCorkle Ave SE 4th Floor North
Charleston, WV 25314
Phone: (304) 558-2191

Updated 09/2023



2024 Application for West Virginia State Pyrotechnician Exam

IMPORTANT INFORMATION

Please type or print your information on the application legibly.

- Please complete both pages of this application form legibly and submit it along with the **NON-REFUNDABLE** application and review fee of \$40.00 via check or money order payable to **WVSFMO – DO NOT SEND CASH.**
- Applicants are required to provide the results of a criminal background check by the WV State Police Criminal Investigation Bureau and the Federal Bureau of Investigation OR CURRENT ATF. (Employer Possessor or Responsible Person are also acceptable.)
- Seating is limited for each exam date and location. Applications must be received in our office at least 7 business days prior to the test date to be considered to sit for an exam.
- You will receive a confirmation letter indicating your testing date and location.
- The exam is an open book exam based on 2018 NFPA 1123 (Outdoor) or 2021 NFPA 1126 (Indoor). You will be notified of your examination results by mail within 15 business days of your examination. Any code or reference materials found with written questions and answers will be confiscated and viewed as an attempt to cheat on the test.
- Any attempt at cheating will disqualify the applicant from testing.
- Upon passing the exam, you then qualify to obtain your license, which carries an annual fee of \$20.00 (check or money order payable to the WVSFMO).

Type of Exam	___ indoor pyrotechnic	___ outdoor pyrotechnic	
Last Name	First Name	Middle Initial	
Mailing Address			
Phone	(___) ___ - ____	Email:	
Full SS#	___ - ___ - ____	Date of Birth	
Current Employer:			

Select Exam Location & Date	(Exams start at 9 am, except for Wheeling which is 10 am, and you will be allowed 4 hours to complete)					
Charleston – Beni Kedem	JAN 30	APR 2	JUNE 11	JULY 30	SEPT 17	NOV 19
Beckley - ACT	FEB 27		APR 30	AUG 6		NOV 19
Clarksburg - UTC	FEB 13		MAY 7	AUG 13		OCT 29
Martinsburg – James Rumsey Institute	JAN 23	MAR 12	MAY 21	JULY 16	SEP 24	NOV 12
Wheeling – Oglebay Resort	FEB 6		APR 23	JULY 23		OCT 22

Have you ever been refused a Pyrotechnic license in any state?	YES ___ NO ___
Have you ever been convicted, or are currently under indictment of a felony?	YES ___ NO ___
How many years / months have you had experience in handling fireworks?	YRS. ___ MOS. ___

Please indicate any formal pyrotechnic classes you completed: Date of

Class: _____
Sponsor: _____
Date of Class: _____
Sponsor: _____

Location: _____
Instructor: _____
Location: _____
Instructor: _____

Please indicate at least five fireworks displays you assisted with: Date of

Display: _____
Sponsor/Event: _____
Date of Display: _____
Sponsor/Event: _____
Date of Display: _____
Sponsor/Event: _____
Date of Display: _____
Sponsor/Event: _____
Date of Display: _____
Sponsor/Event: _____

Location: _____
Pyro technician: _____
Location: _____
Pyro technician: _____
Location: _____
Pyro technician: _____
Location: _____
Pyro technician: _____
Location: _____
Pyro technician: _____

By signing this application, I swear and affirm that the required documentation and information submitted in and with this application is true in every respect. I fully understand that any false or misleading information may result in denial of examination or revocation of any license obtained by providing false information. I also fully understand that by submitting fraudulent documentation or information, that I may face other penalties under law. I hereby give permission to the Office of The West Virginia State Fire Marshal to contact any employer or school provided on this application to verify the information provided by the applicant is accurate. Being qualified, according to the provisions of Title 103, Series 4, Code of West Virginia, I hereby make application for examination for licensure.

Applicant Signature: _____	Date: _____
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