The Commonwealth of Massachusetts
Executive Office of Public Safety & Security
Department of Fire Services
P.O. Box 1025 ~ State Road
Stow, Massachusetts 01775
(978) 567~3100 Fax: (978) 567~3199

FP-027A

Application/Permit for Special Effects

This form shall be used as the application and permit for all special effects in the Commonwealth of Massachusetts.

A copy of this form and required documentation must be submitted to the head of the local fire department **at least twenty (20) days in advance of the proposed date of display** as required by 527 CMR 1.00 Section 1.12.8.39.2.2(1).

Required Documentation to be Submitted

- ☐ Letter from owner, operator or manager of the indoor entertainment venue or theater acknowledging the proposed use of pyrotechnics within their facility.
- ☐ A plan in accordance with NFPA 1126, Section 6.3.2 2011 Edition

One copy of this form and required documentation must be forwarded by the Head of the Fire Department to the State Fire Marshal (by email dfs.licensing@state.ma.us, mail or fax) not later than five (5) days after receipt of said application as required by 527 CMR 1.00 Section 1.12.8.39.2.2(4).

Name of Sponsor: _____ Phone #: _____

Address of Sponsor: _____

Location of Display _____

Date to be Held: _____ From: _____ a.m. / p.m. to: _____ a.m. / p.m.

Rain Date (if applicable): _____ From: _____ a.m. / p.m. to: _____ a.m. / p.m.

Special Effects Company: _____ Phone #: _____

Current Users Certificate Number: _____ Date of Expiration: _____

Name of Competent Operator: _____

Certificate of Competency #: _____ Expiration Date: _____

Company Supplying Special Effects: (if different from applicant user certificate listed above): _____

Manner and Location of Storage of Special Effects Prior to Display: _____

_____

Type of Event:

- ☐ Proximate Audience/Theatrical Special Effects
- ☐ Movie/Television Production

For Proximate Audience Shows: A permit may not be issued until the owner, operator or manager of the entertainment venue or theatre provides a letter to the head of the local fire department, acknowledging the proposed use of pyrotechnics within their facility.

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Date of Show: _____

Signature of Competent Operator: _____ Date: _____

I hereby certify that the competent operator named above has my approval and that in my opinion, the display described will be of such character, so located, discharged or fired as not to be hazardous to property or to endanger any person or persons. (G.L. Chapter 148, §39A)

Restrictions:

_____

_____

Signature of Head of Fire Department: _____ **Date:** _____

This permit will expire on _____

One copy of this form and required documentation must be forwarded to the State Fire Marshal (electronically, mail, or fax) no more than five (5) days after receipt of said application by the head of the fire department as required by 527 CMR 1.00 Section 1.12.8.39.2.2(4).