



PYROTECHNIC EVENT APPROVAL FORM

Applicant (Pyrotechnician)

Name (print): _____

Mailing Address: _____

Telephone / Fax / E-mail: _____

Pyrotechnician's Certificate Number: _____

Class: _____ Expiry Date: _____

Company (if applicable): _____

Address: _____

Telephone / Fax / E-mail: _____

Sponsoring Organization (if applicable): _____

Address: _____

Event Location: _____

Dates(s) of the event(s): _____

Insuring Agency: _____

Telephone / Fax / E-mail: _____

Place and Method of Pyrotechnic Storage on Site: _____

Signature of Pyrotechnician: _____ **Date:** _____

Permission of Local Authority Having Jurisdiction

Name: _____ Title: _____

Organization: _____

Address: _____

Telephone / Fax / E-mail: _____

Pyro Effects Plan or letter of Intent Attached: Yes No

Approval Granted to Disconnect Smoke Sensors: Yes No

EDU Member / Consultant Present for Film Shoots: Yes No

Signature: _____ **Date:** _____

Comments: _____

Any personal information we collect is collected under the authority of the Municipal Act, 2001. Personal information is collected in compliance with the Municipal Freedom of Information and Protection of Privacy Act. The personal information collected is for the purpose of issuing Pyrotechnic Approval. None of your personal information will be shared, rented, sold or otherwise released to any third party without your consent.