

Application To Purchase

APPLICANT MUST BE THE PERSON SUPERVISING THE FIREWORKS DISPLAY.

APPLICATION MUST BE RECEIVED BEFORE YOUR ORDER IS SHIPPED.

PLEASE PRINT

Name of applicant: _____ **Age:** _____

Mailing address: _____

Phone Number: _____

I hereby make application to purchase class 7.2.2 fireworks on behalf of myself or
sponsoring organization: _____

Address: _____

Location of display: _____

Date and time: _____

I certify that I have completed the Canadian Government's Fireworks Supervisor Course. I
have read, understood and will follow the principles and safety rules of the fireworks manual
and the specific instruction of the manufacturer of the fireworks

Fireworks Supervisor's Card Number: _____ **Expiry Date:** _____

Date: _____ **Signature of applicant:** _____

Permission of Local Authority

TO BE COMPLETED BY THE LOCAL AUTHORITY HAVING JURISDICTION OVER FIREWORKS
DISPLAYS

Signature of Fire Chief or his assistant: _____

Name and Title(please print): _____

City, Town, Municipality: _____