

## Instructions for North Carolina

### 1.3g Fireworks Assistant Operators Event Employee Certification

**PURSUANT TO NORTH CAROLINA GENERAL STATUTE 95-25.5 (b) - ALL ASSISTANT APPLICANTS MUST BE A MINIMUM OF 18 YEARS OF AGE.**

1. Fill out number one completely including all home address and telephone information. **The e-mail address appearing in this box should be the primary e-mail address which you may be reached, and does not necessarily have to be your personal e-mail address.**
2. Fill out information for questions 2-11. **Failure to complete any one of the questions or provide details regarding “yes” answers will result in no admittance to the display site.**
3. **\*\*\*\*\*NEW SECTION BELOW PRE-SHOW VERIFICATION REQUIRED\*\*\*\*\***

Check with the local Authority Having Jurisdiction(AHJ) over your show to determine what is required by the AHJ’s Event Employee Certification process. If the AHJ’s process utilizes the OSFM Event Employee Certification Safety Exam, complete the safety exam located on the OSFM Web Page. Individuals passing the exam will be issued a certificate containing their personal information. The certificate and verification of identification will be required for admittance to the site. The event employee on-line exam must be taken within three days of the issuance of the event employee certification by the authority having jurisdiction. Prospect Event employees should receive a safety orientation from the operator of the Pyrotechnic site prior to attempting OSFM ‘s safety exam. **Failure to achieve a passing grade of 75%, or lack of confirmation of identification will result in no admittance to the display site.**

**AN ALTERNATIVE TO THIS PROCESS MAYBE REQUIRED BY THE COUNTY YOUR EVENT IS OCCRING IN. CHECK WITH THE LOCAL AUTHORITY HAVING JURISDICTION FOR THE REQUIREMENTS FOR THEIR EVENT EMPLOYEE CERTIFICATION PROCESS BEFORE TAKING THE OSFM EXAM. THE BOTTOM TWO PAGES OF THIS FORM MUST BE PRESENTED WITH CONFIRMATION OF IDENTIFICATION FOR EACH EVENT EMPLOYEE APPLICANT. THE SIGNED PORTION OF THE LAST PAGE MUST BE RETAINED BY, AND KEPT WITH THE EVENT EMPLOYEE AT ALL TIMES.**

4. **TO BE ALLOWED TO HANDLE PYROTECHNIC MATERIALS, FEDERAL REGULATIONS REGARDING RESPONSIBLE PARTIES, REQUIRE ALL CERTIFIED PYROTECHNIC OPERATORS ASSISTANTS TO HAVE ONE THE FOLLOWING:**

**Based on the code official’s judgment of the safety and competency of the “Event Employee”, the fire code official has the discretion to accept the documentation specified below as acceptable to allow the “Event Employee” applicant to handle pyrotechnic material. Under no circumstance shall the “Event Employee” applicant be allowed to supervise the pyrotechnic material unobserved by the operator.**

**A)A BATFE LICENSE, OR PERMIT,**

**B) A BATFE LETTER OF CLEARANCE,**

**C) AN EMPLOYEE POSSESSOR APPLICATION AND AN AFFIDAVIT INDICATING THE LICENSE HOLDER AND/OR BUSINESS OWNER HAS PROVIDED INSURANCE FOR THE APPLICANT, AND IS AWARE THE APPLICANT IS OPERATING UNDER THEIR LICENSE.**

**THE APPLICANT FOR CERTIFICATION MAY STILL PARTICIPATE IN FIRING OF THE DISPLAY WITHOUT BATFE LICENSE, BATFE LETTER OF CLEARANCE , OR AN EMPLOYEE POSSESSOR QUESTIONNAIRE, BUT WILL NOT BE ALLOWED TO HANDLE PYROTECHNIC MATERIALS IN ACCORDANCE WITH BATFE REGULATIONS.**

**THE EVENT EMPLOYEE CANNOT PARTICIPATE IN THE EVENT WITHOUT VERIFICATION THEY ARE EMPLOYED OR INSURED BY THE PYROTECHNIC COMPANY FIRING THE EVENT.**

**THE CODE OFFICIAL WILL HAVE THE FINAL PAGE AND CERTIFICATION CARD REFERRED TO BELOW**

5. Provide signature and print name legibly in the space provided, provide contact information and date.
6. Provide signature on Certification Card, print the type of permit (Pyrotechnic or Proximate) name, drivers license number, and address legibly in the space provided. For Credit towards the show requirement for an Operator's Permit, the certification card may be submitted to:

North Carolina Office of State Fire Marshal  
Pyrotechnic Permitting  
1202 Mail Service Center  
Raleigh NC, 27699-1202



North Carolina  
 Department of Insurance  
 Office of State Fire Marshal  
 1202 Mail Service Center  
 Raleigh, NC 27603-3400

## 1.3g EVENT EMPLOYEE OPERATOR ASSISTANT SAFETY CERTIFICATION APPLICATION

<b>CODE OFFICIAL USE:</b>	<b>Certificate Number:</b> _____
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<b>1. <u>Name / Address of Applicant</u></b>	
Name: _____	Driver's License Number: _____
Address: _____	State Issued: _____
City: _____ State: _____	E-Mail Address: _____
Zip Code: _____ County: _____	
Phone: (_____) _____	
Fax: _____	

<b>Each of the following questions must be answered by checking the "Yes" or "No" box. Give full details on a separate sheet for each "Yes" answer.</b>		
	<b>Yes</b>	<b>No</b>
2. Has a court ever declared you incompetent by reasons of mental or physical defect or disease?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been committed to a mental institution?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have an addiction to or dependency on alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you a fugitive from justice?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you an undocumented immigrant to the United States?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you under indictment in any court for a felony or any crime for which the judge could imprison you for more than one year?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever been discharged from the armed forces under dishonorable conditions?	<input type="checkbox"/>	<input type="checkbox"/>
9. Having been a citizen of the United States, have you ever renounced your citizenship?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever willfully violated any provisions of the Pyrotechnic Operator Permitting Law (NCGS14-410)?	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you made a material misstatement or knowingly withheld information in connection with any original or renewal license application?	<input type="checkbox"/>	<input type="checkbox"/>

I certify that all information contained herein is accurate, true, and complete. My signature authorizes the North Carolina Office of the State Fire Marshal to verify the answers I have given in response to Questions 1, 2, and 3 with identified medical facilities and medical care providers related to the treatment of a mental or physical defect, disease, or addiction.

My signature also indicates that I have received instruction relating to the minimum safety requirements to be present at a pyrotechnics display site, and act as a certified pyrotechnics assistant. I understand that this minimal training does not qualify me to be the "responsible individual" as described in the Safe Explosives Act.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Date: \_\_\_\_\_

**Signature and Information in this Section in Blue Ink Only**

**Certificate Number:** \_\_\_\_\_

**THIS PERMIT IS VALID ONLY TO THE SIGNATOR AND CAN NOT BE TRANSFERRED OR RE-ISSUED**

**SIGNATURE:** \_\_\_\_\_

(SIGNATURE MUST MATCH CERTIFICATION APPLICATION)

NAME \_\_\_\_\_  
(PRINT)

DRIVER'S LICENSE \_\_\_\_\_  
(STATE) (NUMBER)

ADDRESS: \_\_\_\_\_

**THIS PERMIT IS VALID FOR ONLY THE DATE/DATES LISTED AND CAN NOT BE RE-USED OR RE-ISSUED.**

**DATE:** \_\_\_\_\_

**CODE OFFICIAL SIGNATURE:** \_\_\_\_\_