



REGIONAL MUNICIPALITY
OF WOOD BUFFALO



**REGIONAL MUNICIPALITY OF WOOD BUFFALO
FIRE PREVENTION BRANCH
PYROTECHNIC EVENT APPROVAL FORM**

Applicant (Pyrotechnician):

Name (print) : _____

Address: _____

Phone #: _____ E-mail Address: _____

Pyrotechnician's Certificate #: _____

Class: _____ Expiry Date: _____

Company (if applicable): _____

Address: _____

Phone #: _____ E-mail Address: _____

Sponsoring Organization (if applicable): _____

Address: _____

Letter of Permission Attached

Event Location: _____

Event Date: _____ Event Time: _____

Insuring Agency: _____

Phone #: _____ E-mail Address: _____

Place and method of pyrotechnic storage on site: _____

Who is transporting? _____

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