

## REGIONAL MUNICIPALITY OF WOOD BUFFALO FIRE PREVENTION BRANCH

## PYROTECHNIC EVENT APPROVAL FORM



Applicant (Pyrotechnician):	
Name (print) :	
Address:	
	E-mail Address:
Pyrotechnician's Certificate #:	
Class:	Expiry Date:
Company (if applicable):	
Address:	
	E-mail Address:
<b>Sponsoring Organization</b> (if applicable): _	
Address:	
<b>Letter of Permission</b> □ 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 Dynatochnician.	Data

The personal information on this page is collected under the authority of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act. The information will be used to contact you if the nature of the problem needs to be clarified or to respond back to you. If you have any questions about this collection and use of your personal information, please contact the Fire Prevention Branch, 200 Saprae Creek Trail, Fort McMurray, AB T9H 2P1 or call 780-792-5519.