



## **Pyrotechnic Event Application Form**

*Please allow 14 calendar days from date of applications for response*

**Printed Name of Applicant (Pyrotechnician):** \_\_\_\_\_

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: \_\_\_\_\_

Place and Method of Pyrotechnic Storage on Site: \_\_\_\_\_

Event Date(s): \_\_\_\_\_

**Name of Insuring Agency:** \_\_\_\_\_

Amount: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone/Fax/E-mail: \_\_\_\_\_

### **Documentation to Accompany Application:**

Certificate of Liability Insurance (minimum \$5,000,000 Attached):

Pyro Effects Plan or Letter Of Intent Attached:

Request to Disconnect Smoke Sensors:

EDU Member/Consultant Present for Film Shoots:

Letter of Approval from Building Owner:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Signature of Pyrotechnician: \_\_\_\_\_ Date: \_\_\_\_\_

### **Forward to the Saskatoon Fire Department:**

#### **Fire Marshal**

Fire Prevention & Investigation Division

125 Idylwyld Drive South

Saskatoon, Saskatchewan S7M 1L4

Phone: (306) 975-2578

Fax: (306) 975-2589

Email: [fireinspections@saskatoon.ca](mailto:fireinspections@saskatoon.ca)