

## West Virginia Application for the Transfer of Sparklers and Novelties Registration From the WV Tax Division to the WV State Fire Marshal's Office

West Virginia State Fire Marshal's Office

1. West Virginia Taxpayer Identification Number*:							
*If you have a Federal Employers Identification Number, enter it. (All partnerships and sole-owners with employees must have a FEIN). If sole-owner, enter social security number.							
2. Business Name and Actual Physical Location*				3. Mailing Address (Where certificates are to be sent)			
Legal Business or Corporate Name				Responsible Person			
DBA Division or Subsidiary Name				Additional Space for Responsible Person (if needed)			
Owner's Name (if Sole Owner)							
Address (Street) <b>DO NOT USE PO BOX NUMBER</b>				Address (Street or PO Box)			
City				City			
State		Zip Code		State		Zip Code	

*\*PAGE TWO OF APPLICATION MUST BE COMPLETED IF FILING AN APPLICATION FOR A BUSINESS THAT HAS MORE THAN ONE PHYSICAL LOCATION IN WEST VIRGINIA FROM WHICH SPARKLERS AND NOVELTIES WILL BE SOLD.*

4. Do you have a current West Virginia Business registration certificate for the physical location in this state from which you intend to sell sparklers and novelties?     Yes     No

If yes, enter your account identification number and business name as it appears on your business registration certificate.

**IF MORE THAN ONE PHYSICAL LOCATION, SEE PAGE TWO.**

Business Name	Account Number

Fee Computation PER LOCATION:			
Application & Review Fee for 2016 & 2017		X \$30.00	\$ .00
Total Sparkler & Novelties Registration Fees Due.....		\$	.00

**Mail Completed Application and Payment to:**  
 West Virginia State Fire Marshal's Office  
 Licensing Division  
 1207 Quarrier Street, Suite 200  
 Charleston, WV 25301

PLEASE RETAIN A COPY OF THIS REGISTRATION APPLICATION FOR YOUR RECORDS

**A SPARKLER AND NOVELTIES REGISTRATION CERTIFICATE ONLY AUTHORIZES THE HOLDER TO SELL SPARKLERS AND NOVELTIES AS DEFINED IN WV CODE 103CSR4. THIS CERTIFICATE DOES NOT AUTHORIZE THE VENDOR TO SELL ANY CONSUMER FIREWORKS AS DEFINED IN 103CSR4.**

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Signature Title Date

<b>BUSINESS NAME AND ACTUAL PHYSICAL LOCATION</b>			<b>BUSINESS NAME AND ACTUAL PHYSICAL LOCATION</b>		
Legal Business or Corporate Name			Legal Business or Corporate Name		
DBA Division or Subsidiary Name			DBA Division or Subsidiary Name		
Owner's Name (if Sole Owner)			Owner's Name (if Sole Owner)		
Street Address ( <b>DO NOT USE A PO BOX NUMBER</b> )			Street Address ( <b>DO NOT USE A PO BOX NUMBER</b> )		
City	State	Zip Code	City	State	Zip Code
West Virginia Identification Number			West Virginia Identification Number		
<b>BUSINESS NAME AND ACTUAL PHYSICAL LOCATION</b>			<b>BUSINESS NAME AND ACTUAL PHYSICAL LOCATION</b>		
Legal Business or Corporate Name			Legal Business or Corporate Name		
DBA Division or Subsidiary Name			DBA Division or Subsidiary Name		
Owner's Name (if Sole Owner)			Owner's Name (if Sole Owner)		
Street Address ( <b>DO NOT USE A PO BOX NUMBER</b> )			Street Address ( <b>DO NOT USE A PO BOX NUMBER</b> )		
City	State	Zip Code	City	State	Zip Code
West Virginia Identification Number			West Virginia Identification Number		
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Legal Business or Corporate Name			Legal Business or Corporate Name		
DBA Division or Subsidiary Name			DBA Division or Subsidiary Name		
Owner's Name (if Sole Owner)			Owner's Name (if Sole Owner)		
Street Address ( <b>DO NOT USE A PO BOX NUMBER</b> )			Street Address ( <b>DO NOT USE A PO BOX NUMBER</b> )		
City	State	Zip Code	City	State	Zip Code
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<b>BUSINESS NAME AND ACTUAL PHYSICAL LOCATION</b>			<b>BUSINESS NAME AND ACTUAL PHYSICAL LOCATION</b>		
Legal Business or Corporate Name			Legal Business or Corporate Name		
DBA Division or Subsidiary Name			DBA Division or Subsidiary Name		
Owner's Name (if Sole Owner)			Owner's Name (if Sole Owner)		
Street Address ( <b>DO NOT USE A PO BOX NUMBER</b> )			Street Address ( <b>DO NOT USE A PO BOX NUMBER</b> )		
City	State	Zip Code	City	State	Zip Code
West Virginia Identification Number			West Virginia Identification Number		

**THIS SIDE OF THE SPARKLER AND NOVELTIES APPLICATION MAY BE PHOTOCOPIED IF ADDITIONAL SPACE IS NEEDED OR A COMPUTERIZED PRINTOUT MAY BE USED IF ALL OF THE REQUESTED INFORMATION IS PROVIDED**

QUESTIONS REGARDING THIS APPLICATION MAY BE ANSWERED BY CALLING THE LICENSING DIVISION AT (304) 558-2191



West Virginia State Fire Marshal's Office  
Regulatory & Licensing Division

Application to Be a Registered  
Manufacturer, Wholesaler, Distributer  
or Importer of Consumer / Display Fireworks

WV State Fire Marshal  
1207 Quarrier St  
Charleston, WV 25301  
Phone: (304) 558-2191

Revised 05/2016

## Instructions and Information on obtaining a West Virginia Consumer Fireworks Certificate

- Please complete the application printed legibly in **blue** ink or using a printer.
- Processing of your application will be rejected if this application and other forms are incomplete.
- Submission of the application does not authorize the applicant to engage in the requested activity. You must obtain the actual Certificate before commencing operations. Please submit your application at least 60 days prior to you planned start of operations.
- A separate application is required for each location in which consumer fireworks are manufactured and/or stored.
- A separate application is required for each location in which consumer fireworks that are to be distributed and/or stored.
- A separate application is required for each wholesale location in which consumer fireworks are stored.
- A separate application is required for each location in which consumer fireworks are imported and/or stored.
- All requirements of 103CSR4 & NFPA 1124 Edition 2006, SHALL be enforced.
- If you obtain a manufacturing license, you are not required to obtain a separate Wholesaler/Distributor/Importer license. Being registered as a Manufacturer/Wholesaler/Distributor/Importer does **NOT** exempt you from the obtaining of a Consumer Fireworks Certificate, as this must be obtained separately.
- With this application, the applicant shall submit:
  - ✓ A copy of CURRENT WV Worker's Compensation Insurance coverage (if applicable).
  - ✓ Current public and product liability insurance coverage.
  - ✓ ***Copies of all federal and ATF permits as required.***
  - ✓ A detailed Site Plan clearly indicating the location of any and all magazines/outdoor storage units in reference to any landmarks and/or roadways.
  - ✓ A detailed Site Plan and a detailed floor layout of all Manufacturing/Wholesaling/Distributing/Importing facilities.
  - ✓ A signed affidavit stating that all employees with access to consumer/display fireworks are proficiently trained and compliant with all federal and state licensing laws that are applicable.
  - ✓ A list of **all** individuals, including Social Security numbers with access to any federally regulated product.
  - ✓ A complete description of all pyrotechnic products to be sold from this location, if within the State of West Virginia.
- If the application is approved you will receive a Certificate in the mail. If the application is denied, we will advise in writing the reason(s) for denial.

Initial inspection to all in-state facilities shall be conducted prior to issuance of a certificate.



Office Use Only

## Application for a West Virginia Explosives Permit Display 1.1, 1.3, Consumer 1.4, 1.4S Fireworks

Be sure to complete all sections of this application in *print and legible*.

Please read the instructions carefully before completing the application					
Company Name					
Subsidiary of (if applicable)					
dba (if different from above)					
Company Address					
	City		State		ZIP
Storage Address					
	City		State		ZIP
Type of Facility	<input type="checkbox"/> Type 1.1 Explosive		<input type="checkbox"/> Type 1.3 Display Explosive		
	<input type="checkbox"/> Type 1.4 Explosive		<input type="checkbox"/> Type 1.4S Indoor Display Explosive		

### The Person Named Below Represents the Company as Applicant

Name (First, M., Last)		Title	
Phone		Fax	
Cell Phone		e-mail	
Soc. Sec. No.:		Date of Birth	
Driver's License No		State of Issue	

### Check the Type of Explosives Permit Your Company Wishes To Obtain

<input type="checkbox"/>	Dealer	\$ 500.00
<input type="checkbox"/>	Manufacturer	\$ 1000.00
<input type="checkbox"/>	Importer	\$ 500.00
<input type="checkbox"/>	Storage magazine/outdoor storage unit (In State)	\$ 100.00 each

Please be aware that there is an additional non-refundable \$ 40.00 review charge.

Do all employees that physically come in contact with explosive materials have a current ATF clearance for use of explosives?	<input type="checkbox"/> N/A <input type="checkbox"/> yes <input type="checkbox"/> no
If transporting explosive materials in commerce: Are you in compliance with D.O.T.?	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>For Manufacturing only:</b> Anticipated quantity to be manufactured	<input type="checkbox"/> lbs. monthly / annually <small>(circle one)</small>
<b>For Manufacturing/Wholesaling/Distributing/Importing only:</b> DOT classification of explosives	Check all that apply <input type="checkbox"/> 1.1 <input type="checkbox"/> 1.3 <input type="checkbox"/> 1.4 <input type="checkbox"/> 1.4S

Property Owner/Landlord							
Property Owner/Landlord Representative							
Property Owner/Landlord Site (List Complex, facility or site, and nearest street intersection, if different from company address)							
Site GPS Coordinates	Latitude			Longitude			
Scheduled Dates and Times for Operation	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday



Any false information provided in this application SHALL result in revocation of the permit.



### Affidavit

This application and the information contained here-in are true and correct. I am aware that any false statements made herein may result in revocation of my registration and may be subject to criminal proceedings in accordance with West Virginia State Code. I am aware that I must obey all procedures in accordance with 103CSR4 & NFPA 1124 Edition 2006, and failure to do so may result in receiving citations issued by the WV State Fire Marshal.

Signature		Date	
Property Owner/Landlord(s) Authorization			
Signature		Date	

List ALL magazines/outdoor storage units that are permanently located on this site.

Magazine ID or Serial Number		Magazine Owner	
Magazine Location			
Magazine Type (ATF number and Description)			
Explosive Type Stored	_____ 1.1	_____ 1.3	_____ 1.4 _____ 1.4S
Amount of Explosives Stored			Lbs. /Quantity (Circle one)
GPS Coordinates	Latitude		Longitude

Magazine ID or Serial Number		Magazine Owner	
Magazine Location			
Magazine Type (ATF number and Description)			
Explosive Type Stored	_____ 1.1	_____ 1.3	_____ 1.4 _____ 1.4S
Amount of Explosives Stored			Lbs. /Quantity (Circle one)
GPS Coordinates	Latitude		Longitude

Magazine ID or Serial Number		Magazine Owner	
Magazine Location			
Magazine Type (ATF number and Description)			
Explosive Type Stored	_____ 1.1	_____ 1.3	_____ 1.4 _____ 1.4S
Amount of Explosives Stored			Lbs. /Quantity (Circle one)
GPS Coordinates	Latitude		Longitude

Magazine ID or Serial Number		Magazine Owner	
Magazine Location			
Magazine Type (ATF number and Description)			
Explosive Type Stored	_____ 1.1	_____ 1.3	_____ 1.4 _____ 1.4S
Amount of Explosives Stored			Lbs. /Quantity (Circle one)
GPS Coordinates	Latitude		Longitude

**Please make additional copies as needed**