



# ARKANSAS STATE POLICE

ASP 204  
Rev. (2/14)

## Regulatory & Building Operations Division State Fire Marshal Section Jobber/Wholesaler Fireworks Certification Notice

I, \_\_\_\_\_, certify that my company,  
\_\_\_\_\_  
\_\_\_\_\_ with Arkansas Fireworks License Number \_\_\_\_\_  
will/have purchase(d) fireworks for the \_\_\_\_\_ year fireworks selling period in the State of  
Arkansas from the following company(s):

(1.) \_\_\_\_\_  
Company Name Arkansas License Number  
\_\_\_\_\_  
Mailing Address City State Zip Code  
( ) - ( ) -  
Area Code Phone Number Area Code Fax Number

(2.) \_\_\_\_\_  
Company Name Arkansas License Number  
\_\_\_\_\_  
Mailing Address City State Zip Code  
( ) - ( ) -  
Area Code Phone Number Area Code Fax Number

If I contemplate purchasing from an additional source, I will notify the Arkansas State Fire Marshal's Office, in writing, two days prior of making my purchase.

\_\_\_\_\_  
Signature Title Date

## **INSTRUCTIONS FOR COMPLETING THE ASP-204 JOBBER/WHOLESALE FIREWORKS CERTIFICATION NOTICE**

The ASP-204, Arkansas Fireworks Certification Notice, is used by any business or individual who will sell or has sold fireworks in the State of Arkansas during the fireworks selling period. This is to insure that all purchases have been or will be purchased from Arkansas licensed dealers.

The ASP-204 Form shall be completed as follows:

1. Enter the name of the company owner.
2. Enter the name of the company for which you are applying to license.
3. Enter the company Arkansas license number and the year for which you are applying.
4. Enter company(s) name and Arkansas license number(s) from whom you will/have purchase(d) your fireworks. **(Attach a separate sheet if more space is needed)**
5. Enter complete company mailing address.
6. Enter area code, telephone number, area code and fax number.
7. Enter company(s) name and Arkansas license number(s) from whom you will/have purchase(d) your fireworks. **(Attach a separate sheet if more space is needed)**
8. Enter complete company mailing address.
9. Enter area code, telephone number, area code and fax number.
10. Enter your signature, title, and date you sign the Certification Notice.