



ARKANSAS STATE POLICE

ASP-107
(Rev.10/15)

Regulatory & Building Operations Division State Fire Marshal Section Fireworks Display Application

Date: _____
(Month/Day/Year)

TYPE OR PRINT

Official Use Only
Permit #: _____

Representing Organization: _____ Phone #: (____) _____
Area Code

Organization Address: _____ Mailing Address _____ City _____ State _____ Zip Code _____

Organization Contact Person: _____ Contact Phone#: (____) _____
First/MI/Last Name Area Code

Display Location: _____ Physical Address _____ City _____ County _____ Zip _____

Date of Display: _____	Time of Display: _____	AM	PM
Date of Display: _____	Time of Display: _____	AM	PM
Date of Display: _____	Time of Display: _____	AM	PM
Date of Display: _____	Time of Display: _____	AM	PM
Date of Display: _____	Time of Display: _____	AM	PM
Date of Display: _____	Time of Display: _____	AM	PM
Date of Display: _____	Time of Display: _____	AM	PM
Date of Display: _____	Time of Display: _____	AM	PM

Largest Mortar round to be shot: _____ Inches _____ Vertical _____ Angled _____ Cakes, Manner of storage: _____

Shooter in charge of Display will be at the location for inspection on: _____ At: _____ AM PM

Licensed Shooter in charge: _____ AR License #: _____
(Print)

Shooter Mailing Address: _____ Mailing Address, City, State, Zip _____ County: _____

Phone #: (____) _____ Work: (____) _____ Cell Phone #: (____) _____
Area Code Area Code Area Code

Firm from whom fireworks are purchased: _____ AR License # _____

Fireworks Firm Email Address: _____ Phone#: (____) _____
Area Code

Local Fire Official: **Print:** _____ Phone#: (____) _____
Area Code

Local Fire Official: *Signature:* _____ Date: _____

Local Law Enforcement: **Print:** _____ Phone#: (____) _____
Area Code

Local Law Enforcement: *Signature:* _____ Date: _____

State Fire Marshal: *Signature:* _____ Date: _____

(Continued)

THIS FORM MUST BE TYPED or PRINTED

The ASP-107, Application for Fireworks Display Form, shall be completed by any individual/organization wishing to sponsor a fireworks display. The person in charge of the display must be an Arkansas licensed shooter. FOR FINAL APPROVAL SUBMIT THIS APPLICATION T AT LEAST **FIVE DAYS** PRIOR TO THE DATE OF DISPLAY TOTHE STATE FIRE MARSHAL'S OFFICE at, 1 State Police Plaza Drive, Little Rock, AR 72209. Phone (501) 618-8624.

The diagram should include the location of the display, point of fireworks discharge, location of and distance to all buildings, highways, lines behind which audience will be restrained, location of all nearby trees, telephone or electrical lines, or other overhead obstructions. Fireworks display shall follow the 2012 Arkansas Fire Prevention Code and NFPA #1123, 2010 Edition and/or NFPA #1126, 2011 Edition. ACA 20-22-702 (c) (2) requires that firms selling Class "B" display fireworks shall be properly licensed and establishes penalties for violations.

PROOF OF INSURANCE AND A DIAGRAM MUST ACCOMPANY THIS FORM.FEE: \$25.00 PER DISPLAY (Made Payable to: Arkansas State Police)

The ASP-107 Form shall be completed as follows:

1. Enter the current date.
2. Enter complete name of representing organization.
3. Enter the phone number of the representing organization.
4. Enter complete address of representing organization.
5. Enter complete name of principal contact person of the representing organization.
6. Enter the telephone number of the principal contact person of the representing organization.
7. Enter complete physical address of display location (911 address).
8. Enter in the date(s) of display.
9. Enter the time of display and place an "X" in AM or PM.
10. Enter the largest mortar round to be shot.
11. Enter the manner in which the fireworks will be stored prior to the display.
12. Enter complete date that the "Shooter" will be on site and available for inspection.
13. Enter time available for inspection and place an "X" in AM or PM.
14. Enter the name(s) of person(s) (shooter) in charge of the display.
15. Enter the Shooter's Arkansas license.
16. Enter the Shooters, mailing address, phone number, work number, cell number.

17. Enter the name of the firm from whom fireworks are being purchased.
18. Enter the Fireworks Firm AR license number.
19. Enter the Fireworks Firm Email address and phone number.
20. Present the application to the Local Fire Official having jurisdiction for the display address.
21. Secure the printed name of the Local Fire Official.
22. Enter the Local Fire Officials phone number.
23. Secure the signature and date of the Local Fire Official.
24. Present the application to the Local Law Enforcement having jurisdiction for the display address.
25. Secure the printed name of the Local Law Enforcement Official.
26. Enter the Local Law Enforcements phone number.
27. Secure the signature and date of the Local Law Enforcement Official.
28. State Fire Marshal's signature will be affixed after all information has been submitted and approved.
29. Date of Fire Marshal's signature will be entered at time of signature.

PROOF OF INSURANCE AND A DIAGRAM MUST ACCOMPANY THIS FORM