



# ARKANSAS STATE POLICE

## Regulatory & Building Operations Division State Fire Marshal Section Pyrotechnic Shooter Application

ASP 106-A  
(Rev. 1/2018)

FWS#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Official Use Only Official Use Only

Check One: New Applicant  Renewal Applicant

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code) (County)

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

Phone Number Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License: \_\_\_\_\_ # \_\_\_\_\_ Pyrotechnic School  
State Attended: \_\_\_\_\_

### New Applicants:

List the dates and Events/Locations of the last (5) times you observed a Licensed Shooter

_____	_____
Date	Name of Event/Location Address of Display
_____	_____
Date	Name of Event/Location Address of Display
_____	_____
Date	Name of Event/Location Address of Display
_____	_____
Date	Name of Event/Location Address of Display
_____	_____
Date	Name of Event/Location Address of Display

**Renewals:** List the dates and Events/Locations of the last three shoots.

_____	_____
Date	Name of Event/Location Address of Display
_____	_____
Date	Name of Event/Location Address of Display
_____	_____
Date	Name of Event/Location Address of Display

Please include a copy of your **Certificate of Training** from the most recently completed Pyrotechnic School and a **check or money order in the amount of \$50.00** made payable to: Arkansas State Police, 1 State Police Plaza Drive, Little Rock, AR 72209

ACA 20-22-707 (a)(1)(E) - The fee for Shooters shall be waived if the applicant verifies (verification should be written or typed on letterhead signed by the Fire Chief) that the applicant is a professional or volunteer firefighter.

I certify by signature that I have read and have in my possession NFPA Pamphlet #1123.

\_\_\_\_\_  
Signature Date: Month/Day/Year