



# Arkansas Department of Public Safety Division of Emergency Management



## Local Official Authorization for Fireworks Display

Date: \_\_\_\_\_  
(Month/Day/Year)

Representing Organization: \_\_\_\_\_

Display Location: \_\_\_\_\_  
Physical Address City County Zip

Date of Display: \_\_\_\_\_ Time of Display: \_\_\_\_\_ AM PM  
Rain-out Date: \_\_\_\_\_ Time of Display: \_\_\_\_\_ AM PM

**Signature field for the Local Fire Official and Local Law Enforcement  
with legal jurisdiction for the above display address.**

**Date:** \_\_\_\_\_

**Local Fire Official Name:** \_\_\_\_\_

**Local Fire Official Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Local Law Enforcement Name:** \_\_\_\_\_

**Local Law Enforcement Signature:** \_\_\_\_\_