



ARKANSAS STATE POLICE

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

ASP 106-A
(Rev. 2/14)

FWS #: _____

OFFICIAL USE ONLY

EXPIRATION DATE

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: _____

Drivers License #: _____

Pyrotechnic School Attended: _____

New Applicants: List the dates and Events/Locations of the last (5) successful shoots; or the last (5) times the applicant observed a Licensed Shooter:

_____	_____
Date	Event/Location
_____	_____
Date	Event/Location
_____	_____
Date	Event/Location
_____	_____
Date	Event/Location
_____	_____
Date	Event/Location

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

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 Dr., 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