UCF | Office of Risk and Safety

UNIVERSITY OF CENTRAL FLORIDA

Permit Application for the Use of Pyrotechnic Displays on University Property

30 Calendar Days Advance Notice Required for Review

I. Pyrotechnics Applicant Section

Please PRINT to fill in all sections except those underlined as office use only.

Date of show Start:	Date of show End:
Show Name:	
Show Address:	
Name of UCF Contact:	
Ceiling Height (ft):	Minimum distance from audience (ft):

Pyrotechnic Vendor (Applicant):

Business Name:	
Business Address:	
Authorized Representative:	
Telephone #:	Fax #:
Email:	
Board Certificate Insurance in the amount of:	
Federal ATF License #:	

Operator's Name (must be an employee of the Applicant):	
Permanent Address:	
Telephone #:	
Age:	Date of Birth:

☐ Check here if additional Operators and Assistants will be present at the show and attach completed Form A.

Proof of Identification will be required at the time of arrival and set-up for all Operators and Assistants. Only those pre-approved on the applications will be permitted on site. All applicants may be subject to background checks at the discretion of the permitting authority.

Checklist of attachments REQUIRED with this application: > This Column for Office Use Only

ITEM	APPLICANT TO CHECK PROVIDED	ATTACHEMENT DESCRIPTION	EH&S VERIFIED
1.	☐	Copy of valid ATF and\or State Explosives License.	☐
2.	☐	Copy of valid government issued photo ID with birth date for all operators and assistants. ID number may be covered for privacy.	☐
3.	☐	Device list with total number of individual effect units to be displayed including a brief summary of the effect and discharge range.	☐
4.	☐	Timeline schedule (delivery, set-up, shoot, and clean up) and queue list for the effect display points during the show.	☐
5.	☐	**Detailed** overall site diagram and stage plot. Must be **legible** in copy format clearly indicating the staging area, number and location of all effects, seating and stage layout, scale and clearances to performers and audience, fall out zones, extinguisher type and locations, controls, tank locations, elevations, confetti locations, etc. Attach as many pages as necessary. Submittal will be denied for failure to provide sufficient detail.	☐

I. Pyrotechnics Applicant Section (cont.)

ITEM	APPLICANT TO CHECK PROVIDED	ATTACHEMENT DESCRIPTION	EH&S VERIFIED
6.	☐	Details for means of ignition and location of control points.	☐
7.	☐	Details on the number, type and location of fire extinguishers provided by the Applicant.	☐
8.	☐	Discussion on the details for delivery, load in, storage, security, safety precautions, site inspection after shoot, and clean- up of debris or remaining material.	☐
9.	☐	Documented Proof of fire retardancey for all proposed stage scenery, backdrops, in the area of effects and fallout **is required**. Provide details for performer safety as needed.	☐
10.	☐	Proof of General Liability Insurance for the pyrotechnics display in an amount not less than $1,000,000 per occurrence. The University of Central Florida Board of Trustees, The Florida Division of State Fire Marshal Bureau of Fire Prevention, and the State of Florida shall be listed as additionally insured including other sponsors or entities such as UCFAA, UCF Convocation Corporation, and individual facility management companies as needed.	☐
11.	☐	At least 2 letters of reference from recent events or supporting documentation of qualifications and experience, subject to AHJ review and approval.	☐
12.	☐	SDS for all proposed effects. If these are readily available by web page a link list is sufficient. PDF attachment of the SDS's to an email is also sufficient but note accordingly in the application submittal and verify receipt.	☐
13.	☐	Other:	☐

I hereby certify that I have read this application and the Guidelines located at the link below and that all information contained herein is true and correct to the best of my knowledge. I agree to comply with all state statutes, county ordinances, federal, state, and local regulations and guidelines. I certify that I am authorized by the organization named herein to act as its agent for the herein-described activity. I and the organization on whose behalf I make this application, hereby represent, stipulate, contract, and agree that we jointly and severally indemnify and hold the University, County, and State, harmless against all liability, including court costs and attorney fees, for any and all claims for damage to property, or injury to or death of persons arising out of or resulting from issuance of the permit or the conduct or the activity of which it was issued for and the actions or failure to act on the part of the applicant's representatives, employees, agents, servants, assignees, invites, or any persons connected to the applicant. https://risk.ucf.edu/pyrotechnics/

Authorized Representative Signature:

Title:

Date:

II. Sponsoring University Department Section

UCF Facility Management Approval

The request for pyrotechnics on University Properties must be approved by the building coordinator, facilities and\or area management as applicable. Applications must be routed through the university contact for appropriate signatures prior to delivery to Environmental Health and Safety for processing. Provide as many signatures line as needed for approval.

Printed Name:

Signature:

Phone: Date:

Independent Fire Watch

The sponsoring university department or facility is required to provide an approved independent fire watch for all pyrotechnic displays. This shall be dedicated staff, separate from the pyrotechnic vendor, whose only responsibility is the pyrotechnic fire watch duties. A minimum of one fire watch personnel is required for all events. Additional staff may be required through the review process.

University Contact Name: Phone:

Proposed Fire Watch Name: Phone:

Qualifications:

☐ Check here if this fire watch was used for a UCF event before and list event:

III. UCF Environmental Health and Safety Section (Office Use Only)

Application Received Date:

☐ This application has been screened to be substantially complete, in compliance with University guidelines and is ready for State Fire Marshal review and approval.

EH&S Comments:

UCF Fire Safety Coordinator

Printed Name: Signature: Date:

Form A

Additional Operators and Assistants:

Operator's/Assistant's Name:	
Permanent Address:	
Phone #:	Drivers License #:
Age:	Date of Birth:
Federal License#:	

Operator's/Assistant's Name:	
Permanent Address:	
Phone #:	Drivers License #:
Age:	Date of Birth:
Federal License#:	

Operator's/Assistant's Name:	
Permanent Address:	
Phone #:	Drivers License #:
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Federal License#:	

Operator's/Assistant's Name:	
Permanent Address:	
Phone #:	Drivers License #:
Age:	Date of Birth:
Federal License#:	

Proof of Identification will be required at the time of arrival and set-up for all Operators and Assistants. Make additional copies of this page as needed.

State Fire Marshal Attachment. Make Copies as Needed.

Running Order and Description of Product

Effect #	Time	Description

Distances may vary, however there will NOT be any device placed less than 15' from the audience.

State Fire Marshal Attachment. Make Copies as Needed.

Show Schedule & Location

Site Address:

Dates:

Phone #:

Dates	Times	Vendor Name	Afternoon	Evening

State Fire Marshal Attachment. Make Copies as Needed.

FIREWORK/SPARKLER INVENTOY

TYPE	SIZE	QUANTITY

Permit Application for the Use of Pyrotechnic Displays

30 Calendar Days Advance Notice Required

Please print to fill in all sections except those underlined as office use only.

Date of show starting:	Date of show ending:
Show Name:	
Show Address:	
Name of Contact:	
Ceiling Height (ft):	Minimum distances to audience provided (ft):

Pyrotechnic Vendor (Applicant):

Business Name:	
Business Address:	
Telephone #:	Fax #:
Email:	

Operator's Name:	
Permanent Address:	
Telephone #:	Drivers License #:
Age:	Date of Birth:
Federal License #:	
Board Certificate Insurance in the amount of:	

All applicants may be subject to background checks at the discretion of the permitting authority.

☐ Check here if Additional Operators and Assistants will be present at the show and attach Form A with the required information. Proof of Identification will be required at the time of arrival and set-up for all Operators and Assistants. Only those pre-approved on the applications will be permitted on site.

Checklist of attachments to be provided with this request:

Fill in all sections except those underlined as Office use only.

Applicant to check each provided	Attachments	This column for Office Use	
		Approved	Disapproved
☐	Copy of valid ATF and\or State Explosives License.	☐	☐
☐	Copy of Valid Drivers Licenses for all operators and assistants.	☐	☐
☐	Detailed overall site diagram with seating configuration and information outlined in the Guidelines. Include building features, exits, scale, requested staging areas etc.	☐	☐
☐	Stage Plot with device positioning and number, fall out zones, extinguisher locations, controls, etc. Detail minimum distances to performers and audience.	☐	☐

This column for Office Use

Applicant to check each provided	Attachments Continued	Approved	Disapproved
☐	Proof of fne retardancy for all proposed stage scenery, backdrops, and clothing (to be obtain from sponsor to attach here)	☐	☐
☐	Timeline schedule and Que List for the day of event for delivery, set-up, discharge, and clean up.	☐	☐
☐	At least 2 letters of reference from recent events.	☐	☐
☐	MSDS's for all proposed effects.	☐	☐
☐	Details for means of ignition and location control points.	☐	☐
☐	Details for delivery, storage, security, and safety precautions.	☐	☐
☐	Details for site inspection after display and clean-up of debris or remaining material.	☐	☐
☐	Details on the number, type and location of fire extinguisher provided by the Applicant.	☐	☐
☐	Proof of General Liability Insurance for the pyrotechnics display in an amount not less than $1,000,000 per occurrence. The Board of Trustees, The Florida Division of State Fire Marshal Bureau of Fire Prevention, and the State of Florida shall be listed as additionally insured including other sponsors or entities such as and individual facility management companies as needed.	☐	☐
☐	Other:	☐	☐
☐	Other:	☐	☐

Additional Operators and Assistants:

Operator's \ Assistant's Name:	
Permanent Address:	
Telephone #:	Drivers License #:
Age:	Date of Birth:
Federal License #:	

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Proof of Identification will be required at the time of arrival and set-up for all Operators and Assistants. Make additional copies of this page as needed.

Running Order & Description of Product

Effect #	Time	Description

Distances may vary, however there will NOT be any devices placed less than 15' from the Audience.

Show Schedule & Location

Address: _____

_____

Dates:_____

Phone#:_____

Performance Schedule

Dates	Morning	Afternoon	Late Afternoon	Evening

FIREWORKS/SPARKLER INVENTORY

TYPE	SIZE	QUANTITY
SEE PACKING LIST		