

<b>Display Fireworks Special Effect Event Approval / Purchase Form</b>				HRFE / ERD Application #	
Name of Applicant (Fire Works Supervisor)		Supervisors Certificate Number		Level	Expiry Date
Mailing Address					
Phone Number	Emergency Contact Number	Fax Number	Email Address		
Company Name					
Address of Company or Organization Name					
Phone Number	Other Contact Number	Fax Number	Email Address		
Sponsoring Organization Name					
Address of Company or Organization Name					
Event Location				Date(s) of Event	
Phone Number	Other Contact Number	Fax Number	Email Address		
Name of Insuring Agency					
Phone Number	Fax Number	Policy Number	Dollar Amount of Coverage		
Ground Level Fireworks Description <b>ATTACHED</b> _____		Low Level Fireworks Description <b>ATTACHED</b> _____		High Level Fireworks Description <b>ATTACHED</b> _____	
Unconventional Site (attach ERD approval letter) / Level 2 Fireworks Description <b>ATTACHED</b> _____			Notes:		
Place and Method of Firework Storage on Site		Site Plan Submitted (Section 3.8.1)		Event Description Submitted (Section 3.8.2)	
Comments / Notes					
Name of Applicant (Fireworks Supervisor)		Signature of Fireworks Supervisor			Date
Name of Fire Prevention Officer (Local Authority Having Jurisdiction)		Approval Signature of Local Authority Having Jurisdiction			Date
<b>All "high hazard" display fireworks (class 7.2.2.) events approved by Halifax Regional Fire and Emergency shall follow the requirements outlined by the Display Fireworks Manual issued by ERD.</b>				Halifax Regional Fire and Emergency Fire Prevention Division POBox 1749, Halifax, NS B3J 3A5 Tel: (902) 490-5546 Fax: (902) 490-5228	
<i>Approval for this event is based on the information provided by the applicant. Approval implies that during the application process there were no obvious infractions of Federal, Provincial or Municipal Legislation. It is the responsibility of the applicant to ensure compliance with all applicable legislation throughout the event.</i>					