Pyrotechnics Special Effect Event Approval / Purchase							HRFE / ERD Application #		
Form		1							
Fire Prevention Division Halifax Regional Fire and Emergency									
Name of Applicant (Pyrotechnician)			Supervisors / Pyrotechnicians' Ce		ımber	Level		Expiry Date	
Mailing Address		I						I	
Phone Number	Emergency Contact Number	Fax Number	Fax Number Email Address						
Company Name									
Address of Company or Organiz	zation Name								
Phone Number	Other Contact Number	Fax Number	Fax Number		Email Address				
Sponsoring Organization Name									
Address of Company or Organiz	zation Name								
Event Location				Date(s) of Event					
Phone Number	Other Contact Number	Fax Number	Fax Number		Email Address				
Name of Insuring Agency		I							
Phone Number	Fax Number	Policy Numb	oer	Dollar Amount of Coverage					
		Place and Method of ATTACHED	 e and Method of Pyrotechnic Storag ACHED		Event Approval (Section 2.3) ATTACHED				
Event Approval (Section 2.4-2.6 as required) ATTACHED			Notes:						
Comments / Notes									
Name of Applicant (Pyrotechnician)		Signature of	Signature of Pyrotechnician				Da	te	
Name of Fire Prevention Officer Jurisdiction)	Approval Si	Approval Signature of Local Authority Having Jurisdiction				Da	te		
All pyrotechnic events approved by Halifax Regional Fire and Emergency shall follow the requirements outlined by the Pyrotechnics Special Effects Manual issued by ERD						ie	Halifax Regional Fire and Emergency Fire Prevention Division PO Box 1749, Halifax, NS B3J 3A5 Tel: (902) 490-5546 Fax: (902) 490-5228		
	on the information provided by that Il Legislation. It is the responsibil					cess there	were no o	obvious infractions of	