<u>Instructions for North Carolina</u> <u>Proximate Audience Operator License</u>

RENEWAL

- 1. Include 2 inch by 2 inch photo taken within six months of the date of application. This photo will be attached to the application by OSFM personnel and may be visible on internet records strictly related to your license.
- 2. Provide license number. The applicant must fill out one application for each individual license renewed. An application for a Proximate and Pyrotechnic Operator renewal will require two separate applications.
- 3. Fill out number one on the application completely including all home address and telephone information. This information must match the information on the driver's license or government issued ID if Applicable. The e-mail address appearing in this box should be your primary e-mail address, but does not necessarily have to be your personal e-mail address. If the information has not changed check the "Personal Information Has Not Changed" box.

4. Fill out section two completely, including all pertinent information regarding the business for which you are employed. If the information has not changed check the "Delivery Agency Information Has Not Changed" box.

PYROTECHNIC DIRECTORY: Your name, license type, and county and business phone number will appear in the public access portion of the OSFM pyrotechnic website. If you wish to be included in the pyrotechnic directory, your information must appear in box #2 of the application. If no information appears, or the box for "do not release" is checked, your information will not appear in the directory. Information provided should include the contact information by which the venue management or the general public may request your services.

- 5. Verify that you have included a copy of continuing education certificate(s) totaling 12 hours of continuing education within the last three years. Failure to provide copies of continuing education will result in a delay or denial of your renewal Application.
- 6. Fill out information for questions 3-12. Failure to complete any one of the questions or provide details regarding "yes" answers will result in denial of the application.
- 7. For <u>section 13</u>, submit the following:
 - Attachment A (Driver's License or other Government Issued ID if Applicable)
 - Attachment B (2 inch x 2 inch photo taken within last six months)
 - Attachment C (Professional Licenses held in other states **photocopy all listed licenses**)

Proof of 12 hours of continuing education over the past three years (Attachment D)

8. Section 14 Submit the following:

UNLESS HANDLING MATERIALS IN AN AMOUNT OR OF A TYPE OVERSEEN BY THE BATFE, THEN NO BATFE LICENSE OR PERMIT IS REQUIRED TO RECEIVE A NORTH CAROLINA PROXIMATE AUDIENCE OPERATORS LICENSE.

Copy of BATFE License, Permit, proof of a license in the renewal phase (Attachment E)

Copy of BATFE Letter of Clearance and a notarized affidavit from license holder under which the applicant is employed or contracted (Attachment E)

Proof of three shows; all of which have to have been in the lead operator role. (Attachment F - May Use "Experience Affidavit" from web site).

- 9. Section 15, attach \$60.00 check or money order payable to the "North Carolina Department of Insurance." APPLICATION FEES ARE NON-REFUNDABLE AND EXPIRE AFTER ONE YEAR OF INACTIVITY.
- 10. Provide signature and print name legibly in the space provided, provide contact information and date. Please submit this application to:

North Carolina Office of State Fire Marshal Pyrotechnic Licensing Section 1202 Mail Service Center Raleigh NC, 27699-1202



North Carolina Department of Insurance Office of State Fire Marshal 1202 Mail Service Center Raleigh, NC 27699-1202

Attach Photo Here

Application for Renewal of <u>Proximate Audience Operator License</u>

Any person that conducts pyrotechnic displays in N.C. must be licensed by OSFM pursuant to N.C. General Statute (14-410). Please provide the following information: (TYPE OR PRINT IN BLACK INK):

Type of License:

 Renewal:
 Proximate Audience License # _____

Name:		CHECK HERE IF	
Address:		INFORMATION HAS NOT	
City:	_ State:	CHANGED	
Phone: () Fax:		Has not changed	

The information contained in item #2 will appear in the OSFM Pyrotechnic Directory

2. <u>Name / Address of P</u>	yrotechnic Delivery Agency	DO NOT PUBLISH
Address:	State:	CHECK HERE IF INFORMATION HAS NOT CHANGED
Zip Code:	County:	Delivery Agency Information
Fax:		Has not changed \Box
E-Mail Address:		

Application for Renewal of Proximate Audience Operator License

Each of the following questions must be answered by checking the "Yes" or "No" box. Give full details on a separate sheet for each "Yes" answer.				
2		Yes	No	
3.	Has a court ever declared you incompetent by reasons of mental or physical defect or disease?			
4.	Have you ever been committed to a mental institution?			
5.	Do you have an addiction to or dependency on alcohol or drugs?			
6.	Are you a fugitive from justice?			
7.	Are you an undocumented immigrant to the United States?			
8.	Are you under indictment in any court for a felony or any crime for which the judge could imprison you for more than one year?			
9.	Have you ever been discharged from the armed forces under dishonorable conditions?			
10	Having been a citizen of the United States, have you ever renounced your citizenship?			
11	Have you ever willfully violated any provisions of the Pyrotechnic Operator Licensing Law (NCGS14-410)?			
12	Have you made a material misstatement or knowingly withheld information in connection with any original or renewal license application?			

13. All Applicants Must Submit the Following:

□ A copy of your driver's license or other government issued identification that includes the date of birth and photograph. Submit as Attachment A.

- A photograph (2 inch x 2 inch) taken within the preceding six months. The photograph must be clear, front view, full face, head and shoulders only, without glasses, hats, scarves, or any object that obscures the identity of the applicant. Submit as Attachment B.
- □ A list of pyrotechnic licenses issued to the applicant by other states. Submit as Attachment C. A photocopy of all listed licenses must be included with this application; consideration will not be given to listed licenses without an accompanying photocopy.

□ Proof of 12 hours of continuing education over the past three years. Submit as Attachment D.

Application for Renewal of Proximate Audience Operator License

14. Proximate Audience License Applicants Must Also Submit the Following:

□ A copy of applicant current BATFE License, Permit, proof of a license in the renewal phase (Required for all Pyrotechnic Operators Attachment E) **REQUIRED ONLY IF HELD BY APPLICANT.**

Or

- □ A copy of the applicant's Letter of Clearance (Attachment E) **REQUIRED ONLY IF HELD BY APPLICANT.**
- □ Proof of active participation in the safe performance of at least three proximate audience pyrotechnic displays. The applicant must have performed the duties of a lead operator in all three of these displays. Acceptable documentation of experience includes: a copy of the display permit from an issuing authority listing the applicant as an operator, or a notarized letter from the display operator or operator's employer under which the applicant performed as a lead operator. **Renewal applications require three (3) shows within the past three years (3), all of which must have been as the lead operator** (Submit as Attachment F).

15. License Fee: Please include a check or money order made payable to the **"North Carolina Department of Insurance"** for the license fee of:

Renewal of Proximate Audience License \$60.00

BY MY SIGNATURE I AGREE TO REPORT TO OSFM ANY CHANGE TO MY STATUS WITH REGARD TO ANY OF THE QUESTIONS NUMBERED 3-12 ABOVE, INCLUDING CONVICTION FOR ANY FELONY, OR CONVICTION FOR ANY ALCOHOL OR DRUG RELATED OFFENSE, REGARDLESS OF MISDEMEANOR OR FELONY, WITHIN 24 HOURS OF OCCURANCE.

I certify that all information contained herein, and all information and documents attached hereto, are accurate, true and complete. My signature authorizes the North Carolina Office of State Fire Marshal to verify the answers I have given in response to Questions 3, 4, and 5 with identified medical facilities and medical care providers related to the treatment of a mental or physical defect, disease, or addiction.

Signature:		
Print Name:		
License Number:		
Telephone No.:	Date:	
Signature and Infor	mation in this Section in Blue Ink Only	
Failure to sign forms, submit necessary information, ATTACH ALL PAGES provide attachments or failure to enclose check or money order will cause your application to be		

returned and no license will be issued until all requirements are complete.

Application for Renewal of

Proximate Audience Operator License Attachment C – List of Licenses Issued by Other States ATTACH COPIES OF ALL LICENCES

NAME ON LICENSE	STATE	ISSUING AGENCY	TYPE OF LICENSE	LICENSE NO. AND EFFECTIVE DATES
				License No.: Issued: Expires:
				License No.: Issued: Expires: