



**2018 – 2020 INITIAL APPLICATION FOR
SECONDARY “CONSUMER FIREWORKS ONLY”
PYROTECHNIC OPERATOR LICENSE**

SELECT (ONLY ONE) FOR YOUR CURRENT PRIMARY LICENSE TYPE:

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Unrestricted | <input type="checkbox"/> Commercial Outdoor | <input type="checkbox"/> Commercial Indoor |
| <input type="checkbox"/> Rocketry | <input type="checkbox"/> Motion Picture Special Effects | <input type="checkbox"/> Trainee/Assistant |

APPLICATION INSTRUCTIONS:

- Your Secondary “Consumer Fireworks Only” Pyrotechnic Operator License expires every even year, biennially on **August 31**, regardless of when it was issued.
- This is the only document that must be submitted to apply for this secondary license. All questions on the application must be completed. Any incomplete application **WILL** be returned to the applicant.
- There is no additional fee for a Secondary “Consumer Fireworks Only” license.
- Initial applications may be mailed to the above address, or may be emailed to susan.scoggin@llr.sc.gov.

Primary SC Pyrotechnic Operator License Number _____

Licensee Name _____
(Last) (First) (Middle)

Public Mailing Address _____
(Street Address or PO Box) (City/State) (Zip)

Home Phone _____ Email Address _____
(Email address required)

Company name of Pyrotechnic employer (shoots for) _____

Rocketry Certification Organization (if applicable) _____ Number _____

Driver’s License Number _____ Issuing State _____

PERSONAL HISTORY

Any questions answered with “Yes” must be fully explained. **Attach documents and/or a written explanation on a separate page for each “yes” answer.**

1. Since you obtained your primary license or last renewed it, have you been charged with or cited for violating any state laws or regulations governing consumer or public fireworks displays, regardless of the distance of the audience from the display Yes No
2. Since you obtained your primary license or last renewed it, has there been any change in the status of your lawful presence in the United States since initial licensure? Yes No
3. Since you obtained your primary license or last renewed it, have you been convicted of a felony, a crime of violence, or any crime punishable by a term of imprisonment exceeding two years? Yes No
4. Since you obtained your primary license or last renewed it, are you a member of a group or organization which advocates violent overthrow of, or violent action against the federal, state or local government? Yes No

5. Since you obtained your primary license or last renewed it, are you currently being treated for any physical, mental or emotional condition that might interfere with your ability to competently and safely perform the essential functions as a pyrotechnic operator? Yes No

I HEREBY swear/affirm I have read all questions on this initial Secondary "Consumer Fireworks Only" Pyrotechnic Operator application and have answered truthfully, accurately and completely. I hereby acknowledge that failure to answer these questions truthfully, accurately and completely shall constitute cause for the initiation of disciplinary action against my South Carolina license.

Signature

Date

DISCLAIMER: "South Carolina Law requires the agency to collect personal information which is only disseminated as required by law. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on your renewal application and other documents on file may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services

FOR OFFICE USE ONLY

LICENSE NUMBER _____
PAYMENT RECEIVED _____
PAYMENT AMOUNT _____