



**REGIONAL MUNICIPALITY OF WOOD BUFFALO
FIRE PREVENTION BRANCH
PYROTECHNIC EVENT APPROVAL FORM**

Applicant (Pyrotechnician) Full Name: _____

Full Address: _____

Phone Number: _____ **E-mail Address:** _____

Pyrotechnician's Certificate Number: _____

Class: _____ **Expiration Date:** _____

Company Name (if applicable): _____

Full Address: _____

Phone Number: _____ **E-mail Address:** _____

Sponsoring Organization (if applicable): _____

Address: _____

Letter of Permission: Attached

Event Location: _____

Event Date: _____ **Event Time:** _____

Insuring Agency: _____

Phone Number: _____ **E-mail Address:** _____

Place and Method of Pyrotechnic Storage on Site: _____

Who is transporting? _____

Signature of Pyrotechnician: _____ **Date:** _____

The personal information on this form is collected under the authority of Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act. The personal information will be used for inspection, billing and issuing purposes. If you have any questions regarding the collection or use of this information contact the Fire Prevention Branch, Fire Hall # 5, 200 Sapræe Creek Trail T9H 4P1, or call 780-792-5519.

Please send the complete application to RESFire.PreventionBranch@rmwb.ca

**Regional Municipality of Wood Buffalo
Fire Prevention Branch**
200 Sapræe Creek Trail, Fort McMurray, Alberta, T9H 4P1
www.rmwb.ca/fireprevention

