



**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 Sapræ Creek Trail T9H 4P1, or call 780-792-5519.*

Please send the complete application to [RESFire.PreventionBranch@rmwb.ca](mailto:RESFire.PreventionBranch@rmwb.ca)

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**Regional Municipality of Wood Buffalo  
Fire Prevention Branch**  
200 Sapræ Creek Trail, Fort McMurray, Alberta, T9H 4P1  
[www.rmwb.ca/fireprevention](http://www.rmwb.ca/fireprevention)

