



Vendor Permit Application for the Use of Pyrotechnic Displays on University Property

30 Calendar Days Advance Notice Required for Review

I. Pyrotechnics Applicant Section

Please PRINT to fill in all sections except those underlined as office use only.

Date of show starting:	Date of show ending:
Show Name:	
Show Address:	
Name of USF Contact:	
Ceiling Height (ft):	Minimum distances to audience provided (ft):

Pyrotechnic Vendor (Applicant):

Business Name:	
Business Address:	
Telephone #:	Fax #:
Email:	
Board Certificate Insurance in the amount of:	
Federal License #:	

Pyrotechnic Operator's Name:	
Permanent Address:	
Telephone #:	Driver's License #:
Age:	Date of Birth:

☐ Check here if additional Operators and Assistants will be present at the show and attach completed [Form A](#).

Proof of Identification will be required at the time of arrival and set-up for all Operators and Assistants. Only those pre-approved on the applications will be permitted on site. All applicants may be subject to background checks at the discretion of the permitting authority.

Checklist of attachments to be provided with this application:

Item	Applicant to Check All Provided	Attachments	These Columns for Office Use Only		
			<u>EH&S Verified</u>	<u>State Fire Marshal Approved</u>	<u>Disapproved</u>
1.	<input type="checkbox"/>	Copy of valid ATF and/or State Explosives License.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	Copy of Valid Driver's Licenses for all operators and assistants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	Device list with total number of individual units including brief summary of effect and discharge range.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	Que list for the effects during the show.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	Detailed overall site diagram with seating configuration and information outlined in the Guidelines. Include building features, exits, scale, requested staging areas, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	Stage Plot with device positioning and number, fall out zones, extinguisher locations, controls, etc. Detail minimum distances to performers and audience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I. Pyrotechnics Applicant Section (cont.)

These Columns for Office Use Only

Item	Applicant to Check All Provided	Attachments	State Fire Marshal		
			EH&S Verified	Approved	Disapproved
7.	<input type="checkbox"/>	Details for means of ignition and location of control points.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	Details on the number, type and location of fire extinguisher provided by the Applicant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	Timeline schedule for the day of event for delivery, set-up, shoot, and clean up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	Discussion on details for delivery, load in, storage, security, safety precautions, site inspection after shoot, and clean-up of debris or remaining material.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	<input type="checkbox"/>	Proof of fire retardancy for all proposed stage scenery, backdrops, and clothing (may need to be obtained from the sponsor to attach here).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	<input type="checkbox"/>	Proof of General Liability Insurance for the pyrotechnics display in an amount not less than \$1,000,000 per occurrence. USF, The USF Board of Trustees, The Florida Division of State Fire Marshal Bureau of Fire Prevention, and the State of Florida shall be listed as additionally insured including other sponsors or entities such as USFAA and individual facility management companies as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	<input type="checkbox"/>	At least 2 letters of reference from recent events.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	<input type="checkbox"/>	MSDS's for all proposed effects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I hereby certify that I have read this application and the Guidelines located at the link below and that all information contained herein is true and correct to the best of my knowledge. I agree to comply with all state statutes, county ordinances, federal, state, and local regulations and guidelines. I certify that I am authorized by the organization named herein to act as its agent for the herein-described activity. I and the organization on whose behalf I make this application, hereby represent, stipulate, contract, and agree that we jointly and severally indemnify and hold the University, County, and State, harmless against all liability, including court costs and attorney fees, for any and all claims for damage to property, or injury to or death of persons arising out of or resulting from issuance of the permit or the conduct or the activity of which it was issued for and the actions or failure to act on the part of the applicant's representatives, employees, agents, servants, assignees, invites, or any persons connected to the applicant.

Applicant Signature:

Name:

Title:

Notary Public

Notice:

The name of the person signing, along with their title, is to be typed immediately below the signature line above. Proof that the person is signing is in fact an authorized representative of the applicant is to be offered prior to notarizing the signature.

County and State:

Sworn to and Subscribed Before Me This: (day) (month) (year)

Notary Public Printed Name:

My Commission Expires:

Signature and Seal:

II. Sponsoring University Department Section

USF Facility Management Approval

The request for pyrotechnics on University Properties must be approved by the building coordinator, facilities and/or area management as applicable. Applications must be routed through the university contact for appropriate signatures prior to delivery to Environmental Health and Safety for processing.

Printed Name:

Signature:

Date:

Independent Fire Watch

The sponsoring university department or facility is required to provide an approved independent fire watch for all pyrotechnic displays. This shall be dedicated staff, separate from the pyrotechnic vendor, whose only responsibility is the pyrotechnic fire watch duties. A minimum of one fire watch person is required for all events. Additional staff may be required as determined through the review process.

University Contact Name:

Phone:

Proposed Fire Watch Name:

Phone:

Qualifications:

☐ Check here if this person has acted as fire watch for previous USF event and list event:

III. USF Environmental Health and Safety Section (Office Use Only)

Application Received Date:

☐ This application has been screened to be substantially complete, in compliance with University guidelines and is ready for State Fire Marshal review and approval.

EH&S Comments:

USF Fire Safety

Printed Name:

Signature:

Date:

IV. Florida Division of State Fire Marshal Section (Office Use Only)

Application Received Date:

☐ Fire watch approved as submitted.

☐ Additional fire watch required.

☐ Approved

☐ Approved with Comments

☐ Disapproved

Comments:

State Fire Marshal Representative

Printed Name:

Signature:

Date: