

CALIFORNIA DEPARTMENT OF FORESTRY AND FIRE PROTECTION
OFFICE OF THE STATE FIRE MARSHAL
FIRE ENGINEERING/FIREWORKS PROGRAM
P.O. Box 944246
Sacramento, California 94244-2460

(916) 445-8373
(916) 445-8458 Fax



TO PERSONS REQUESTED TO CERTIFY AN EXAMINEE'S EXPERIENCE, ABILITY AND CHARACTER

The person providing you with this certificate is requesting that you certify as to your knowledge of their experience, ability, character and integrity. Of particular concern is your knowledge as to his/her prior compliance with all State/local laws and regulations governing the use of pyrotechnics.

Your cooperation is requested so that the State Fire Marshal can determine whether an applicant has had the experience necessary to receive a Pyrotechnic Operators license. The person involved is required to verify that he/she meets all State Fire Marshal conditions necessary to take a pyrotechnic operator's examination. This verification is accomplished through your providing this certificate in support of their experience, ability, and character.

Certifications by former employers are the most desirable; however, any qualified California State Fire Marshal licensed person who has direct knowledge may certify to the examinee's experience. To be acceptable, the reverse side of this certificate must be completed and the statements therein certified to be true under the penalty of perjury. **Our office will NOT accept Reference Letters, which are more than one (1) year old.**

When completed, please mail to:

**CDF/STATE FIRE MARSHAL
ATTN: CASHIER/FIREWORKS PROGRAM
P.O. BOX 944246
SACRAMENTO, CA 94244-2460**

IMPORTANT

Title 19, California Code of Regulations, Article 5, Section 984(c), States:

"In Addition, Applications Shall Be Accompanied By The Names And Complete Addresses Of Not Less Than Five Persons As Reference **Who Are Not A Relative**, And Who Can Attest To The Applicant's Experience, Integrity And Training. **The Reference Letters Shall Be From Licensed Pyrotechnic Operators Of A Class Equal To Or Greater Than The Class Applied For And Shall Have Been Licensed For At Least One Year.**"

APPLICANT'S NAME: (Print)

CERTIFICATE IN SUPPORT OF EXAMINEE'S EXPERIENCE/ABILITY IN HANDLING FIREWORKS AND COMPLIANCE WITH LAWS AND REGULATIONS GOVERNING FIREWORKS.

The person certifying to their knowledge of the above named examinee shall complete the form below. Read the reverse side before proceeding.

I, _____, certify that I have personally known

_____ from _____ to _____ and that I know of my own direct knowledge that said examinee was employed as follows:

Tell in your own words what you know of the examinee's experience and ability to handle pyrotechnics and their compliance with state and local laws and regulations governing them. Please provide the name of their employer and dates of employment. Describe the type of work performed and their position as apprentice, helper, journeyman, and contractor. Give any other details that might aid in evaluating their experience. Include how you acquired the knowledge about the applicant. (Use an additional sheet of paper if required.)

Indicate your opinion of the character and integrity of the applicant:

On this _____ day of _____ 20____, I certify under penalty of perjury that the foregoing is true and correct.

Relationship to examinee, circle one: Employer, co-worker, friend, supervisor,

Other (specify), _____

Signature of Certifier _____

Pyrotechnic License # _____

Street Address & City: _____

APPLICANT'S NAME: (Print)

CERTIFICATE IN SUPPORT OF EXAMINEE'S EXPERIENCE/ABILITY IN HANDLING FIREWORKS AND COMPLIANCE WITH LAWS AND REGULATIONS GOVERNING FIREWORKS.

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Relationship to examinee, circle one: Employer, co-worker, friend, supervisor,

Other (specify), _____

Signature of Certifier _____

Pyrotechnic License # _____

Street Address & City: _____

APPLICANT'S NAME: (Print)

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Signature of Certifier _____

Pyrotechnic License # _____

Street Address & City: _____

APPLICANT'S NAME: (Print)

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Relationship to examinee, circle one: Employer, co-worker, friend, supervisor,
Other (specify), _____

Signature of Certifier _____ Pyrotechnic License # _____

Street Address & City: _____

APPLICANT'S NAME: (Print)

CERTIFICATE IN SUPPORT OF EXAMINEE'S EXPERIENCE/ABILITY IN HANDLING FIREWORKS AND COMPLIANCE WITH LAWS AND REGULATIONS GOVERNING FIREWORKS.

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Signature of Certifier _____

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Street Address & City: _____