



Application for Sparkling Devices Certification

(REV. 4/5/2019)

Registration Form for a Certificate of Retail Sale, Distribution, Wholesale or Manufacture of Sparkling Devices

This form is to be used by any person or entity wishing to obtain a Certificate to; Manufacture, Distribute, Wholesale or Sell at Retail, sparkling devices in New York State, pursuant to Penal Law 270.00 and Title 9 of the Official Compilation of New York Codes, Rules and Regulation Part 225. www.dhSES.ny.gov/ofpc/laws/part225.pdf

Instructions: Please follow these steps carefully.

- Legibly complete and print this form.
• Obtain notarization.
• Attach all required documents.
• Mail to:

New York State Office of Fire Prevention and Control
Attn: Inspection and Investigation Branch, Sparkling Devices Registrar
Harriman State Office Campus Building 7A
1220 Washington Ave, Albany NY 12226

Section A - An application is hereby made for:

1. Name of Person or Entity

2. Tax Identification Number (Employer Identification Number)

To (CHECK ONE ONLY) :

- 3. Distribute sparkling devices to wholesalers and or retailers conducting business in NY State.
4. Manufacture sparkling devices in NY State for use in NY State.
5. Specialty retailer, located in a permanent structure or building, who is solely engaged in selling sparkling devices at retail.
6. Permanent Retailer engaged in selling sparkling devices in a permanent structure or building at retail.
7. Temporary Seasonal Retailer engaged in selling sparkling devices at a temporary stand or tent.
Indicate sales season registering for: June 20 - July 5 December 26 - January 2

If you have checked 5,6,or 7, indicate the source of your product. (I.E. wholesaler, distributor name, etc):

Section B - Contact Information

1. Full Legal Name of Person or Entity and any assumed or business name

2. Address where the Registrant will conduct business (Physical Point of Sale)

Note: Retailers may submit one registration form for all locations but must attach full addresses and jurisdiction for each location

Facility Name

Street/PO Box

City

County

State

Zip

Telephone

3. Business Telephone Number

4. Principals — list one person or entity per line, attach additional lines if needed

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5. Contact Person — Person who is designated by the registrant to be the point of contact for purposes of emergency, available 24 hours a day, 7 days a week.

Name

Email

Telephone

Cell Phone

Section C - Verification

I (Print Name) _____
hereby certify under penalty of perjury that I am authorized to sign on behalf of the registrant; that the information provided in the registration form is true and complete; that each location where the registrant will conduct business as a manufacturer, distributor, wholesaler, specialty retailer, permanent retailer and/or temporary seasonal retailer is in compliance with 19 NYCRR Part 1215, the Uniform Fire Prevention and Building Code; and that each location where the registrant will conduct business as a manufacturer, distributor, wholesaler, specialty retailer, permanent retailer, and/or temporary seasonal retailer is located in a city or county that has not opted by local law pursuant to section 405.00(5)(b) of the Penal Law to include sparkling devices in the definition of “fireworks”.

Title

Signature (Sign in Presence of a Notary)

Section D - Notary Public

State of _____

County of _____

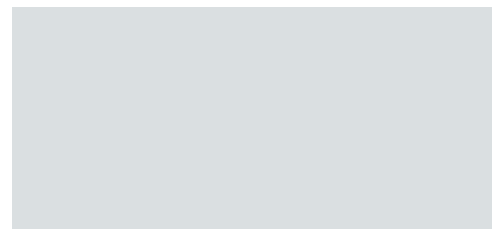
I hereby certify that on this _____ day of _____, 20 _____

Personally appeared before me the signer and subject of the above form, who signed or attested to the same in my presence.

Notary Public: _____

My Commission Expires: _____

Notary Public Signature: _____



Reserved for Notary Seal