

MONTANA FIRE PREVENTION LICENSURE PROGRAM

301 S Park Avenue
PO Box 200513
Helena, MT 59620-0513
Phone: (406) 444-6880 Fax: (406) 841-2305
Email: dlibsdhelp@mt.gov
Website: <http://www.fireprotectionlicense.mt.gov/>

APPLICATION PROCEDURES FOR:

FIREWORKS WHOLESALER LICENSE

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.

(Please allow 30 days for processing from the date that the Office has a complete routine application)

In accordance with Section 50-39-101, MCA, a person or entity shall obtain a license before engaging in the business of servicing fire extinguishers or before engaging in the business of selling, servicing or installing fire alarm systems, special agent fire suppression systems, or fire extinguishing systems.

50-37-103. Unlawful sale, transportation, or use of fireworks. (1) It is unlawful to possess, sell, transport, or use any fireworks within the state except as provided in this chapter.

(2) It is unlawful for an individual under the age of 18 to possess for sale, sell, or offer for sale within the state permissible fireworks enumerated in 50-37-105.

(3) It is unlawful for a wholesaler to sell or offer for sale within the state fireworks without a current fireworks wholesaler permit or in violation of 50-37-105. It is lawful for a wholesaler, however, to transport fireworks within Montana for sale outside of the state.

(4) It is unlawful to sell or offer for sale fireworks as defined in 50-37-101 or permissible fireworks as enumerated in 50-37-105 by mail order solicitation.

(5) It is unlawful to sell or offer for sale fireworks as defined in 50-37-101 or permissible fireworks as enumerated in 50-37-105 within 300 feet of a hospital or church.

(6) It is unlawful for an individual, firm, partnership, or corporation to discharge or cause to be discharged any pyrotechnics, fireworks as defined in 50-37-101, or permissible fireworks as enumerated in 50-37-105:

(a) within the exterior boundaries of a state forest, state park, or state recreation area;

(b) within 100 feet of a fireworks retail sales location;

(c) from, inside, or toward a motor vehicle; or

(d) in the vicinity of another person or group of people or any animal in a manner likely to expose them to the risk of injury.

The following information is required in order for your application to be processed:

Applicants for fireworks wholesaler permits must submit a completed application.

Application fee of \$55.00

The application form must contain the applicant's name, permanent address, business name if any, principal place of business and a statement that the applicant has not been convicted of a crime involving the use, possession or sale of fireworks. The application must be signed, notarized and accompanied by a certified copy of the applicant's birth certificate as well as three notarized letters attesting to the applicant's good moral character.

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APPLICATION FOR:

FIREWORKS WHOLESALER LICENSE

License Fees:

\$55.00 application fee

Social Security Number _____

Full Name _____
Last First Middle

Other Name(s) Known By _____

Gender _____ Date of Birth _____ Foreign ID Number _____

E-mail Address _____

Please indicate your preferred mailing address

- Home
 Business

Applicant Residential Information

Phone _____

Fax _____

Address _____

Zip Code _____

City, State _____

Business (Present Employer) Information

Phone _____

fax _____

Address _____

Zip Code _____

City, State _____

Business Name _____

License Number: _____

PERSONAL HISTORY QUESTIONS IMPORTANT INSTRUCTIONS AND NOTICE

1. Please read the following questions carefully. Giving an incomplete or false answer is unprofessional conduct and may result in denial of your application or revocation of your license. See, 37-1-105, MCA.
2. You have a continuing duty to update the information you provide in your application and supplemental responses, including while your application is pending and after you are granted a license.
3. Upon submittal of your application form, for every "yes" answer provided, you will receive a request for specific information or documents associated with the question. Your application is not complete until staff receive all information requested.

PERSONAL HISTORY QUESTIONS

(Circle Yes or No)

- | | | |
|---|-----|----|
| 1. Have you ever had any license, certificate, registration, or other privilege to serve as a volunteer or practice a profession denied, revoked, suspended, or restricted by a public or private local, state, federal, tribal, religious, or foreign authority? | YES | NO |
| 2. Have you ever surrendered a credential like those listed in number 1, in connection with or to avoid action by a public or private local, state, federal, tribal, religious, or foreign authority? | YES | NO |
| 3. Have you ever resigned to avoid discipline, been suspended, or been terminated from a volunteer or employment position? | YES | NO |
| 4. Have you ever been required to participate in a behavioral modification or assistance program in lieu of suspension or termination from a volunteer or employment position? | YES | NO |
| 5. Have you ever withdrawn an application for any professional license? | YES | NO |
| 6. As of the date of this application, are you aware of any pending complaint, investigation, or disciplinary action related to any professional license you hold? | YES | NO |
| 7. Are you under a current order that remains unsatisfied (e.g., fines unpaid, probation not concluded, conditions unmet?) | YES | NO |

"Chemical substances" include alcohol, drugs, or medications, whether taken legally or illegally.

- | | | |
|--|-----|----|
| 8. Do you have any medical, physiological, mental, or psychological condition which in any way currently (within the last 6 months) impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? | YES | NO |
| 9. Do you currently (within the last 6 months) use one or more chemical substances in any way which impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? | YES | NO |

The following information is provided for Question 10 below:

A criminal conviction may not automatically bar you from receiving a license. For more information about how a criminal conviction may impact your application, consult the board or program website.

- | | |
|---|----------|
| 10. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or sentence deferred or suspended as an adult or “juvenile convicted as an adult” in any state, federal, tribal, or foreign jurisdiction? | YES NO |
| 11. Are you now subject to criminal prosecution or pending criminal charges? | YES NO |
| 12. Have you ever been disciplined, censured, expelled, denied membership or asked to resign from a professional society or organization? | YES NO |
| 13. Have you ever had a civil judgment entered against you in a lawsuit for incompetence, negligence, or malpractice in practicing any profession? | YES NO |
| 14. Have you ever been disqualified from working with children, elderly persons, mentally ill persons, or other vulnerable persons? | YES NO |

List licenses from other jurisdictions:

| State/Province/Territory | License Number | Date Issued | Is it Current | Class/Type License |
|--------------------------|----------------|-------------|---------------|--------------------|
| | | | | |
| | | | | |

AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana program of Fire Protection Licensing.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application.

Legal Signature of Applicant

Date

For a verification upon oath or affirmation

State of _____
(County) of _____

Signed and sworn to (or affirmed) before me on _____

by (Name(s) of person(s) making statement) _____

(Seal)

(Signature of Notarial officer)

Title (and Rank)

Residing at

[My commission expires: _____]