



**STATE OF MARYLAND
DEPARTMENT OF STATE POLICE
OFFICE OF THE STATE FIRE MARSHAL**

<http://mdsp.org/firemarshal>



REGISTRATION OF SPARKLERS, GROUND BASED SPARKLERS & NOVELTY ITEMS APPLICATION

APPLICATION TYPE: NEW RENEWAL (Current Registration Number: _____ Expiration Date: _____)

Business Name:					
Business Address:					
City:		State:		Zip Code:	
Business Phone:		Fax:			
Application Type:	Individual: <input type="checkbox"/> Partnership: <input type="checkbox"/> Association: <input type="checkbox"/> Corporation: <input type="checkbox"/>				
List All Locations in Maryland Where sparklers, ground based sparkler devices, and novelty items Will Be Stored Below (Attached Additional Sheets If More Space Required):					
Address:				City:	
Address:				City:	
Address:				City:	
<p>Please attach a complete product list on the attached form (DSP-SFMP 040A) and submit a sample product of every ground based sparkler or novelty item which you intend to wholesale. Failure to complete a product list and submit a sample of <u>each</u> product you intend to wholesale will result in immediate denial of a Registration. Further, any product update, new product, or additions made to the product line that occur within the time period that your registration has been granted, must be submitted on the product list page of this application prior to sale. A sample must be submitted of any updated or new product immediately and BEFORE it is offered for sale. Failure to complete and attach an updated product list and submit a sample of additional products you intend to wholesale will result in immediate revocation of the Registration.</p>					
<p>If this is a renewal application, is the product list updated? Failure to complete and attach an updated product list (DSP-SFMP 040A) and submit a sample of additional products you intend to wholesale will result in immediate revocation of the Registration.</p>					
<p>If applying as a partnership, the below information must be completed for each member. If an association or corporation, the below information must be completed for each officer and / or director.</p>					
Applicant Full Name:			Social Security #:		
Date of Birth:			Place of Birth:		
Home Address:					
City:		State:		Zip Code:	
Home Phone:		Email:			
Applicant Full Name:			Social Security #:		
Date of Birth:			Place of Birth:		
Home Address:					
City:		State:		Zip Code:	
Home Phone:		Email:			

Applicant Full Name:		Social Security #:	
Date of Birth:		Place of Birth:	
Home Address:			
City:		State:	Zip Code:
Home Phone:		Email:	
Applicant Full Name:		Social Security #:	
Date of Birth:		Place of Birth:	
Home Address:			
City:		State:	Zip Code:
Home Phone:		Email:	

APPLICATION INSTRUCTIONS

1. FEES TO BE ENCLOSED WITH APPLICATION is \$750.00.

All fees must be paid in full via our online portal located at the following address:

<https://www.velocitypayment.com/client/maryland/osfm/index.html>

2. All areas of this application must be completed before submission. Failure to complete any part of this application may result in a delay in the processing of this application. Thank you for completing this application in its entirety.

SUBMIT APPLICATION TO:

Office of the State Fire Marshal
P.O. Box 436
Linthicum, MD 21090

Email: msp.osfmbs@maryland.gov

NOTE: By signature of the applicant below, the applicant agrees that there are no misrepresentations in or falsification of statements and answers to questions in this application. Any discrepancies will result in immediate disqualification of new applicants or revocation of current registration holders. Information in this application is used for identification purposes only to facilitate this process. The applicant also hereby applies for authority to register sparklers, ground based sparklers, and novelty items and understands that this application is solely for wholesale/distributors to obtain a registration under the provisions of the Public Safety Article of the Maryland Code, Title 10, Fireworks and Sparklers.

AFFIDAVIT OF APPLICANT:

I, _____, have read and understand the terms set forth above pertaining to any misrepresentation or falsifications of statements and answers to any of the questions in this application.

Applicant Signature: _____ Date: _____

RETURN NOTARIZED APPLICATION AND FEES TO THE OFFICE OF THE STATE FIRE MARSHAL

State of _____

County of _____

On this _____ day of _____, 20_____, before me, the undersigned officer, personally appeared before me _____, an officer of the business, and made oath in due form of the law that all information on this application and all statements made to procure a license are full, complete, correct, and true to the best of his/her knowledge, information, and belief; and also made oath that he/she is the officer of the business and is duly authorized to make this affidavit.

(SEAL)

NOTARY PUBLIC SIGNATURE	
My Commission Expires:	

WARNING: ANY PERSON WHO WILLFULLY MAKES A FALSE STATEMENT ON THIS APPLICATION IS GUILTY OF A MISDEMEANOR AND ON CONVICTION IS SUBJECT TO A FINE OF NOT MORE THAN \$1,000.00 OR IMPRISONMENT NOT EXCEEDING THREE (3) YEARS, OR BOTH.

FOR OFFICE OF STATE FIRE MARSHAL USE ONLY

Applicant Authorized to Proceed with Application Process:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If "NO", give an explanation why the applicant is not authorized to proceed with the application process:	

Date of Site Inspection:		
I have inspected the premises of the applicant on the above date, and have investigated the statements made in this application. (Attach a copy of the OSFM inspection report)		
<input type="checkbox"/>	I recommend that the applicant be granted a registration for sparklers, ground based sparklers & novelty items.	
<input type="checkbox"/>	I recommend that the applicant be refused a registration for sparklers, ground based sparklers & novelty items.	
Employee Printed Name:		Employee ID Number:
OSFM Employee Signature		Date

SPARKLERS, GROUND BASED SPARKLERS & NOVELTY ITEMS REGISTRATION APPLICATION CHECK-OFF LIST

In order for a Registration Application to be processed in a timely manner, the below check-off list includes items that **must** accompany the application at the time of submission. Failure to include any part of the check-off list will result in a delay of the application process and possible denial of registration.

- Complete name of applicant (no alias or nicknames).
- Complete business name.
- Complete business address including city/town, state, and zip code (P.O. Boxes are **not** acceptable).
- Telephone and fax number including area code.
- Check appropriate box for type of business.
- Fee in the amount of \$750.00 (All fees must be paid in full via our online portal located at the following address: <https://www.velocitypayment.com/client/maryland/osfm/index.html>)
- Completed and attached product list (DSP-SFMP 040A) and sample of each product intended to be sold (new list or additions to current registration list).
- Submit list of complete addresses in the State of Maryland where all registered products will be stored (use separate sheet of paper if additional space is needed).
- Completed and attached list of complete addresses in the State of Maryland where all registered products will be sold (DSP-SFMP 040B) (use separate sheet of paper if additional space is needed).
- Submit list of all applicants, partners (if applicable), and officers and/or directors (if an association or corporation). Please use separate sheet of paper if additional space is needed.
- Sign and date Affidavit.
- Have application notarized.

* Questions are to be directed to the Office of the State Fire Marshal Bomb Squad at 410-859-7152 or email: msh.osfmbs@maryland.gov