



**Ohio Department of Commerce**  
 Division of State Fire Marshal  
 Bureau of Testing & Registration  
 8895 E Main Street P.O. Box 529  
 Reynoldsburg, OH 43068  
 (614) 752-7126 FAX (614) 995-4206  
 TTY/TDD 800-750-0750  
 www.com.ohio.gov

**APPLICATION FOR OUT-OF-STATE SHIPPING PERMIT**

License Number	
Sequence Number	

**FILING INSTRUCTIONS**

- A. Application must be typewritten or neatly printed.
- B. All documents must be originals.
- C. Submit a non-refundable check/money order for \$2,750 payable to: Treasurer, State of Ohio
- D. Application must be accompanied by a copy of the applicant's license or permit issued in his/her state of residence authorizing him/her to engage in the manufacture, wholesale, or transportation of fireworks in that state (if applicable).
- E. The lines provided below specifying the types of fireworks to be shipped into the state must be checked if applicable.
- F. Attach a certificate of insurance for shipping fireworks pursuant to the Department of Transportation regulations.
- G. Submit proof of out-of-state residency (e.g., copy of driver's license, state ID).
- H. **Applicant or any individual holding, owning, or controlling a five percent or greater beneficial or equity interest in the license, permit, or applying company cannot be convicted of, or have plead guilty to a felony under the laws of this state, another state or the United States of America. National Background check results for applying company officers must be submitted with the application.**
- I. All applicants must complete and return Declaration Regarding Material Assistance form.

**COMPANY INFORMATION**

Name of Company: \_\_\_\_\_ Phone: \_\_\_\_\_

DBA: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Fireworks to be Shipped (check all applicable boxes)      1.3 G       1.4 G       1.4 S       1.1 G

24 HOUR EMERGENCY CONTACT PHONE: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

NAME OF COMPANY REPRESENTATIVE MAKING APPLICATION (please use additional sheet for shareholders):

\_\_\_\_\_ Email: \_\_\_\_\_

**CERTIFICATION**

STATE OF \_\_\_\_\_ ss:

COUNTY OF: \_\_\_\_\_

I, \_\_\_\_\_, under my oath (or affirmation) hereby certify that the information and documents set forth by me in this application are true and correct. I understand and will abide by the rules adopted by the fire marshal, pursuant to section 3743.58 of the Revised Code, for transporting fireworks, and that the applicant will ship all fireworks in accordance with the DOTn regulations.

\_\_\_\_\_  
SIGNATURE

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_ My Commission Expires: \_\_\_\_\_

Signature of Notary

**NOTARY SEAL**