



CHICAGO FIRE DEPARTMENT
BUREAU OF FIRE PREVENTION



CERTIFICATE OF FITNESS APPLICATION

(Please print or type)

Having been designated by licensee, under License # _____, to perform the functions of (please circle selection from the following choices)

- A. To load holes
B. To discharge high explosives / fireworks
C. To prepare charges & load holes
D. To have care of magazine at _____
E. To transport high explosives/fireworks by DOT / NFPA approved motor vehicle(s)

(describe type of vehicle)

F. To transport high explosives/fireworks other than by motor vehicle _____ (describe method of transportation)

G. To have the care of and to discharge fireworks at authorized public displays (described below)

under the provisions of the ordinance of the City of Chicago regulating the transportation, sale, storage and use of gunpowder, dynamite and other high explosives; I hereby make application for an examination for a Certificate of Fitness.

Complete the following information.

FULL NAME: _____ (Last First Middle initial)

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____ (Month, day, year)

PLACE OF BIRTH: _____ (City, State, Country)

CURRENT RESIDENCE: _____ (number street city state)

- 1. Are you currently addicted to any drugs or alcohol?
2. Do you have any defect of sight, hearing, speech or limbs?
3. Have you a letter of recommendation from your last two employers?
4. Are you familiar with the provisions of the law and regulations governing the transportation, storage and use of high explosives/fireworks...
5. Are you familiar with the risk factors associated with the services to be performed by you...
6. State the extent of your experience

IN WITNESS WHEREOF, I have hereunto subscribed my name this _____ day of _____, 20____

(Applicant's Signature)

_____, a legal resident of _____(City) _____(State), having been duly sworn(affirmed), appeared before me and declared that he is the person described in the foregoing application for examination, and that all the statements contained therein are true to the best of his/her knowledge and belief.

(Notarial Seal)

Subscribed and sworn to before me this _____ day of _____, A.D. _____ at City of _____, County of _____ State of _____

(Notary Public)