



DEPARTMENT OF FINANCIAL SERVICES
Division of State Fire Marshal

CERTIFICATE OF SPARKLER REGISTRATION
BUREAU OF FIRE PREVENTION
REGULATORY LICENSING SECTION

MAIL TO: Revenue Processing Section
 Post Office Box 6100
 Tallahassee, FL 32314-6100

In compliance with the provisions of Chapter 791, Florida Statutes, application is hereby made for a Certificate of Registration for the type and class listed below:

Type	Class	F/T		Fee
07	60	L	Manufacturer of Sparklers	\$1,000
07	61	L	Distributor of Sparklers	\$1,000
07	62	L	Wholesaler of Sparklers	\$1,000

*****Make check payable to the State Fire Marshal*****

A separate form DFS-K3-1234 and fee as prescribed above must be filed for each location at which each manufacturer, distributor, or wholesaler of sparkler does business in the state of Florida.

**ALL INFORMATION REQUESTED IS REQUIRED
 PRINT LEGIBLY OR TYPE**

- Business Name: _____
- Business Address: _____
 Number Street
 City State Zip Code County
- Mailing Address: _____
 Number Street
 City State Zip Code County
- Telephone Number: _____ Fax Number: _____
- If Corporation, List Corporate Officers: _____
- Contact Person: _____
- Address: _____
 Number Street
 City State Zip Code County
- Telephone Number: _____ Fax Number: _____

I, _____, certify that the information contained in this application and all attachments are true and correct to the best of my knowledge.

Signature of Applicant: _____

Print or Type Name of Applicant: _____

State of _____

County of _____

Sworn to and subscribed before me this _____ by _____
 Day, Month, Year

who is personally known or who has produced _____ as identification, and who has has not taken an oath.

Seal

 Notary Signature

 Type, Print or Stamp Name