



## Chandler Fire Department Fireworks Personnel

The following shall be completely filled out (no blanks or NA) for each person on site. This form shall be submitted with the original Fireworks application. Refusal to provide and information below will be automatic removal from the site.

Name:				
Address:	City:		State:	Zip:
Phone: ( ) -				
SSN:		Date of Birth:		
Driver's License #:		Class:	Expiration Date:	
			,	
Emergency Contact Name:				
Address:	City:		State:	Zip:
Phone: ( ) -				
Supervisor Name:				
Supervisor Cell Phone:				

## **Declaration**

It is understood that any false statement or misrepresentation as to a material fact in the information submitted in support of any permit; as well as failure, refusal or neglect to comply with any order or notice duly served under the provisions of the fire code within specified time may result in revocation of any permit or the initiation of misdemeanor legal proceedings.