



Date _____

SPECIAL EFFECTS AND HAZARDOUS CONDITIONS WORKSHEET

Special Effects Coordinator _____ CA Pyro License # _____

(Please provide a legible copy of the front and back of your CA Pyro License along with this form)

SFX Company _____ Telephone # _____

Address _____

Location(s) _____

Assistants _____ CA Pyro License # _____

Assistants _____ CA Pyro License # _____

Permittee Company _____ Contact Person _____

Office # _____ Cell # _____

Weapons Master _____ Cell # _____

SFX/Weapons Materials and Activity (please note quantities to be used for each material listed): _____

Date(s) of Activity: _____ Time(s): _____

SFX Coord. Signature _____ **Date** _____

Weapons Master Signature _____ **Date** _____

Permittee Signature _____ **Date** _____

Fire Approval _____ **Date** _____

Sheriff Approval _____ **Date** _____

This form and a copy of the SFX Coordinator's CA Pyro license(s) are required before a permit can be issued