



DEPARTMENT OF FORESTRY AND FIRE PROTECTION
OFFICE OF THE STATE FIRE MARSHAL
FIRE ENGINEERING & INVESTIGATIONS DIVISION
FIREWORKS PROGRAM
FLAMETHROWING DEVICE SELF-CERTIFICATION FORM

I, _____, hereby certify that **all** of the following statements are true:

1. Flamethrowing Device(s) are maintained and are in good operating condition.
2. Exterior building door and window locks are provided per State Fire Marshal regulations.
3. Interior storage area locks are provided per State Fire Marshal regulations.
4. Transportation vehicle locks are provided per State Fire Marshal regulations.
5. All locks/locking devices are maintained in good working condition.
6. Flammable/combustible liquids are stored in accordance with the California Fire Code.
7. All other provisions regarding the use, possession, storage/transportation, and record keeping for the type of Flamethrowing Devices possessed are met.
8. I am not addicted to any controlled substance.

I understand that any violations of the State Fire Marshal Flamethrowing Device regulations shall constitute grounds for denial or revocation of my Flamethrowing Device Permit. I further understand that this certification authorizes the inspection of all flamethrowing devices, storage areas, transportation vehicles and records.

(Signature)

_____/_____/_____
(Date)

OSFM USE ONLY
ROC # _____
PCA 59420
CDF Source Code 125700.11