



**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