



**MITCHELL E. DANIELS, Jr., Governor**  
**STATE OF INDIANA**

**DEPARTMENT OF HOMELAND SECURITY    JOSEPH E. WAINSCOTT, JR., EXECUTIVE DIRECTOR**

*Indiana Department of Homeland Security  
Indiana Government Center South  
302 West Washington Street  
Indianapolis, IN 46204  
317-232-3980*

**Application for Certificate of Compliance  
Manufacturer, Wholesaler, Importer or Distributor  
of Fireworks**

**Instruction:**

1. Please type or print clearly.
2. Forms which cannot be read will not be processed
3. Attach a complete description of each type of firework to be shipped into Indiana  
**(All fireworks shall be manufactured in accordance with IC 22-11-14-1)**
4. Copy of the previous years Certificate of Compliance
5. Enclose fee \$1,000.00

Indiana Department of Homeland Security  
Division of Fire & Building Safety  
Fire and Building Code Enforcement  
302 W Washington Street, Room E241  
Indianapolis, IN 46204  
Telephone 317-232-1407  
Fax 317-233-0307  
www.in.gov/dhs

Date of Application: \_\_\_\_\_

Applicant is:    Manufacturer    Wholesaler    Importer    Distributor  
(Check all that apply)

Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Owner Telephone Number: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Contact e-mail address: \_\_\_\_\_

Retail Merchant Certificate Number: \_\_\_\_\_

**Location information**

Company Name: \_\_\_\_\_ **dba:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Ready to inspect: \_\_\_\_\_ Open Date: \_\_\_\_\_

Under penalty of perjury, the undersigned hereby certifies that the forgoing statements are true and accurate.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**For Office Use Only**

Certificate Number	Fee ID Number	Date Received Stamp

Updated 12/23/2008