



# APPLICATION FOR CERTIFICATE OF COMPLIANCE MANUFACTURER, WHOLESALER, IMPORTER, OR DISTRIBUTOR OF FIREWORKS

State Form 54453 (9-10)

Approved by State Board of Accounts, 2010

INDIANA DEPARTMENT OF HOMELAND SECURITY  
DIVISION OF FIRE & BUILDING SAFETY  
FIRE & BUILDING CODE ENFORCEMENT  
302 West Washington Street, Room E241  
Indianapolis, IN 46204  
Telephone: (317) 232-1407  
Fax: (317) 233-0307  
www.in.gov/dhs



- INSTRUCTIONS:**
1. Please type or print clearly.
  2. Forms which cannot be read or are not completely filled out will not be processed.
  3. Attach a complete description of each type of firework to be shipped into Indiana.
  4. All fireworks must be manufactured in accordance with IC 22-11-14-1.
  5. Attach a copy of the previous year's Certificate of Compliance.
  6. Attach a list of all facilities to which you furnish Sec 8(a) fireworks.
  7. Enclose the \$1,000 fee.
  8. Please register with the Department of Revenue by calling (317) 615-2552, option 2.
  9. Product must be at the location on the date of inspection.

**NOTE: The application deadline is June 1.**

Date of application (month, day, year)	Type of applicant (check all that apply)			
	<input type="checkbox"/> Wholesaler	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Importer	<input type="checkbox"/> Distributor
Name of owner				Telephone number of owner (      )
Address (number and street, city, state, and ZIP code)				
Name of contact person		E-mail address of contact person		
FW number		Tax identification number (required)		
<b>LOCATION INFORMATION</b>				
Name of company				
Address (number and street, city, state, and ZIP code)				County
Telephone number of contact person (      )		Date ready for inspection (month, day, year)		

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

Signature of owner	Date (month, day, year)
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### FOR OFFICE USE ONLY

Permit number	Fee identification number	Date received (month, day, year)
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