

Last Name

## PGI Display Fireworks Operator Certification Renewal Request

Phone

First Name

Mailing Address					
City			State	Zip	
Email Address					
Please document EIGHT such as; date/lo	(8) hours of py cation, signat	rotechnic training i ure and/or letterhea	n previous THREE (3) d of the company or or	years, supply documentation ,to rganization from which you rec	the best of your ability, eived training.
Please describe the type o	f fireworks-re	lated Continuing Ed	ucation (PGI DOC Cla training, etc.)	ass, DOT. or other regulatory up	odate, in-house company
Date	Hours	Location			
Description of Training					
Instructor (Name & Sign	nature)				
Date	Hours	Location			
Description of Training					
Instructor (Name & Sign	nature)				
Date	Hours	Location			
Description of Training					
Instructor (Name & Sign	nature)				
Date	Hours	Location			
Description of Training					
Instructor (Name & Sign	nature)				

Submit your renewal request along with evidence of display and training experience, and check for \$10.00 made payable to Pyrotechnics Guild International, Inc. to:

Dr. John R. Steinberg, 3944 Carthage Rd, Randallstown, MD 21133-4517



Signature:

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Please document FIVE (5), 1.3G DISPLAYS worked on, as Lead-Shooter, during the past THREE (3) years, supply documentation, to the best of your ability, such as date/location, signature and/or letterhead of the company with whom you worked.

Please describe the type of display (manual, electrical, single or multiple site, choreographed to music, etc.). Describe the exact role you played and the duties you performed.

Date	Show (Name & Location)	
Description		
Date	Show (Name & Location)	
Description		
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Description		
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Description		
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Description		

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Date: