

QuickPermit Application – Fireworks

University at Albany
Office of Environmental Health & Safety
(518) 442-3495

Application Packet

(to be submitted to Environmental Health & Safety **30-days** prior to event)

UAlbany Sponsor Name _____

Campus Address _____

Campus Phone Number _____

Date/Time of Display _____

Display Area (attach map).

Paperwork Submittals:

_____ Fireworks Vendor Statement on the Types and Amounts of Fireworks. Include Maximum Height of Display. Include Estimated Time Duration of Display.

_____ New York State Department of Labor License

_____ United States Department of Transportation Hazardous Materials Certificate of Registration

_____ United States Department of Transportation Hazardous Materials Safety Permit

_____ Certificate of Workers' Compensation Insurance
Approved forms only – no Acord forms accepted

_____ Certificate of Coverage under the NYS Disability Benefits Law

UAlbany Office of Environmental Health and Safety:

_____ Federal Aviation Administration Request Letter

_____ Federal Aviation Administration Approval Letter

Fireworks Display: _____ Approved _____ Not Approved