

FIREWORKS CERTIFICATION AGENCY APPLICATION

1 | ITEM NAME/PART NUMBER

The item name and part number needs to be consistent throughout the application and supporting documentation.

2 | THIS IS A SERIES APPLICATION (Y/N): YES NO

3 | APPLICANT INFORMATION

Name:		Title:	
Company Name:		Email:	
Phone:		Fax:	
Address:			
City:		State/Prov:	
		Zip Code:	

4 | FOREIGN APPLICANT

A foreign Applicant must provide a designated U.S. agent of service (name of contact person, email address, and phone number required).

Name:		Affiliation:	
U.S. Responsible Party:		Email:	
Phone:		Fax:	
Address:			
City:		State:	
		Zip Code:	

5 | MANUFACTURER OF FIREWORK INFORMATION

Name:		Title:	
Company Name:		Email:	
Phone:		Fax:	
Address:			
City:		State/Prov:	
		Zip Code:	

6 | DESCRIPTION OF DEVICE

Fill out the information below. If the question does not apply to your item, please check the N/A box.

Number of Tubes:	<input type="checkbox"/> N/A	Measurements of Device:	
Tube Separation (over 200 g device):			<input type="checkbox"/> N/A
Maximum Powder Weight per Tube (g):			<input type="checkbox"/> N/A
For Mine/Shell Devices: Max. Propellant/Tube (g):			<input type="checkbox"/> N/A
For Mine/Shell Devices: Max. Effect/Tube (including burst):			<input type="checkbox"/> N/A

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Please complete one form per item or item family.

Total Powder Weight of Fuse in Device (g):	<input type="checkbox"/> N/A
Total Powder Weight in Device (g):	<input type="checkbox"/> N/A
Are Tubes Fused in Sequence (if UN0336 multiple-tube item)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Does Item have a Report? If yes, fill out below	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Tubes:	Number of Reports per Tube:
Maximum Weight per Individual Report (mg):	
Total Weight of Report Powder in Item (g):	

Briefly describe the effect your item produces.

Effects Produced (e.g., Shoots Red Star in Air):

7 | CATEGORY OF DEVICE (UNDER APA 87-1)

Contact APT for definitions on the types of consumer fireworks listed below or reference APA 87-1

Ground and Hand-Held Sparkling Devices (“Sparklers”):	<input type="checkbox"/> Cylindrical Fountain
	<input type="checkbox"/> Cone Fountain
	<input type="checkbox"/> Illuminating Torch
	<input type="checkbox"/> Wheel
	<input type="checkbox"/> Ground Spinner
	<input type="checkbox"/> Fitted Sparkler
	<input type="checkbox"/> Toy Smoke Device
	<input type="checkbox"/> Wire Sparkler/Dipped Stick
Aerial Devices:	<input type="checkbox"/> Sky Rockets and Bottle Rockets
	<input type="checkbox"/> Missile-Type Rocket
	<input type="checkbox"/> Helicopter, Aerial Spinner
	<input type="checkbox"/> Roman Candle
	<input type="checkbox"/> Mine and Shell Devices
	<input type="checkbox"/> Aerial Shell Kit, Reloadable Tube
Audible Ground Devices:	<input type="checkbox"/> Firecracker
	<input type="checkbox"/> Chaser
Novelties	<input type="checkbox"/> Party Popper
	<input type="checkbox"/> Snapper
	<input type="checkbox"/> Toy Smoke Devices
	<input type="checkbox"/> Snakes, Glow Worms
	<input type="checkbox"/> Wire Sparklers, Dipped Sticks
Other:	

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11 | THERMAL STABILITY TEST RESULTS

A Thermal Stability Test of this Device was Performed on:

Date (dd/mm/yyyy):		Name of Tester:	
Job Title:		Company:	

The test was performed on: finished item component chemical mixtures, as present together in the device.
 The device did not ignite, explode, or undergo any significant decomposition during heating at 75° C (167° F) for 48 hours.

12 | CERTIFICATION

This is to certify that the device for which certification is requested conforms to APA Standard 87-1 and that the description and technical information contained in this application are complete and accurate.

Date:	
Signature of Applicant Named Above:	
Typed Name of Applicant, in English	