

## Application under Regulation 4 of the Fireworks (Scotland) Regulations 2004 For a Dispensation from the Prohibition on the use of Fireworks during Night Hours

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Name of Applicant:

Applicant may be a business or an individual but signatory for a business must be senior manager, partner or director of the company

Address of Applicant (inc postcode):

Name and address of person for whom the event is being run:

Applicant's Business Tel No:

Applicant's Mobile Tel No:

Day & Date of display for which dispensation is required:

Name of Person in charge of firing the display:

Tel No. on which person can be contacted:

Description of the event in respect of which the application is made:

Location of the event in respect of which the application is made:

Time at which event is to begin:

Time at which event is to end:

Time at which use of fireworks will begin:  
**(start of dispensation period)**

Time at which use of fireworks will end:  
**(end of dispepep>1-6(e)p1g054(p)-6(e)on1g0 p-6(>1r)7)-6(e)o1g**



MSER Registration/Licence Number  
and name of Licensing Authority

Statement by signatory

I confirm that:

I or the person by whom I am employed is a professional organiser of firework displays\*

I or the person by whom I am employed hold(s) public liability insurance in respect of the use of fireworks  
at the event described overleaf\*

I confirm that the use of fireworks for which this dispensation is sought is:

For the purpose of putting on a firework display in the course of my business or my employment as a  
professional organiser/operator of firework displays\* or

At a national public celebration or national commemorative event\*

\* **Delete where incorrect.**

Confirm that the information I have entered in this application is correct and I hereby apply for a dispensation from  
requirements of Regulation 4 of the Fireworks (Scotland) Regulations 2004 on the terms set out overleaf.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Please note that a copy of your application will be submitted to Strathclyde Police as part** \_\_\_\_\_

