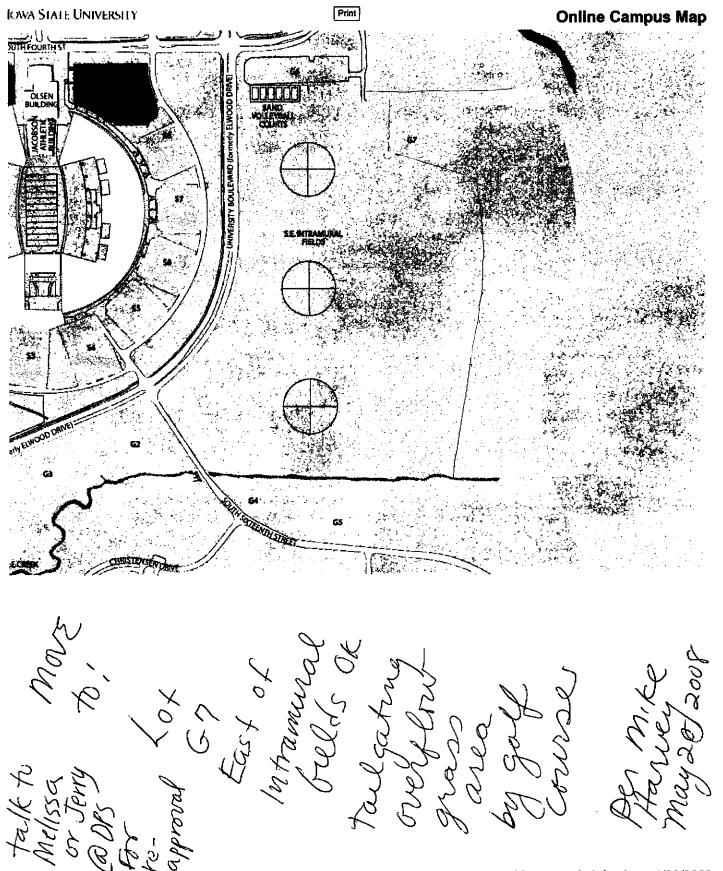
RECEIVED

Fireworks, Pyrotechnics or Flame Effects Application lowa State University

MAY 0 6 2008

ame of Event: Iowa Motor Truck Association Truck Driving Championship	Risk Management
me of Organization Sponsoring Event: lowa Motor Truck Association	
dress of Organization: 717 East Court Ave., Des Moines, IA 50309	
me of Applicant: Mark R. Johnson for the IMTA	<u> </u>
one: J&M319-94-3890 Fax: J&M319-394-3265 E-	-Mail: markj@jandmdisplays.com
ent Information	
imated attendance: 1500	
ent Location: SE of the intersection of Elwood Dr & SE 16th St	
Approx	Allamata Data (rain data) for much
	Alternate Date (rain date) for event:
ganization's on-site manager or contact for day of Display: Brenda Neville	Aail: brenda@iowamotortruck.com
one: <u>515-244-5193</u> Fax: <u>515-244-2204</u> E-N	nali. Dielius@iowaliiotoitoox.com
rework Display Information: Attach a copy of the Display Operate information for transportation with this	or license and applicable U.S. DOT requirement application
splay Operator (company name):	
Idress: 18064 170 th Ave.	
y: Yarmouth State: IA	Zip Code: 52660
ork-week Phone: <u>319-394-3890</u> Fax: <u>319-394-3890</u>	E-Mail: <u>www.jandmdisplays.com</u>
perator Name for day of Display: Brian Van Gundy	Cell Phone: <u>515-360-2455</u>
her Contact for day of Display:	Cell Phone:
no at Classical and American American American	Attach program
pe of Fireworks: Aeriai, max 4 dia.	
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	Attach a diagram of Display/Shoot Location
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ength of Display: Approx 15 minutes reworks Supplier: J & M Displays,Inc. kact Location of Display: SE of the intersection of Elwood Dr & SE 16 th St	Attach a diagram of Display/Shoot Location
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PROVAL SIGNATURES: Approx 15 minutes Approx 15 minutes J & M Displays, Inc. SE of the intersection of Etwood Dr & SE 16 th St Sponsoring O Sponsoring O Sponsoring O Sponsoring O Surance Requirements: Insurance coverage and certificate requirements are on the back of this form the information on the back of this form so it can be shared with his/her insucertificate of insurance. Mail the certificate of insurance to the Office of Risudent Organizations Only: Submit Event Notification and Authorization form with other event document Authorization Committee meeting at least 6 weeks prior to the event. Perception Submittal: Mail the completed application with attachments, including the certificate of Office of Risk Management, Iowa State University, 3618 Administrative For questions, please contact: the Office of Risk Management, (515) 20 Perception Submittal:	Attach a diagram of Display/Shoot Location rganization Representative Signature perator Representative Signature m. Please provide the fireworks display operator with urance agent to facilitate issuance of an acceptable k Management at the address below. Its (including display application) at an Event insurance, at least 6 weeks prior to the event to: a Services Building, Ames, lowa 50011.
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