

Fireworks, Pyrotechnics or Flare Effects Application
Iowa State University

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Applicant Information

Name of Event: Iowa Motor Truck Association Truck Driving Championship
Name of Organization Sponsoring Event: Iowa Motor Truck Association
Address of Organization: 717 East Court Ave., Des Moines, IA 50309
Name of Applicant: Mark R. Johnson for the IMTA
Phone: J&M319-94-3890 Fax: J&M319-394-3265 E-Mail: markj@jandmdisplays.com

Risk Management

Event Information

Estimated attendance: 1500
Event Location: SE of the intersection of Elwood Dr & SE 16th St
Event Date: 06/20/08 Time: Approx 9:45 a.m./p.m. Alternate Date (rain date) for event: _____
Organization's on-site manager or contact for day of Display: Brenda Neville
Phone: 515-244-5193 Fax: 515-244-2204 E-Mail: brenda@iowamotortruck.com

Firework Display Information: Attach a copy of the Display Operator license and applicable U.S. DOT requirement information for transportation with this application

Display Operator (company name): J & M Displays, Inc.
Address: 18064 - 170th Ave.
City: Yarmouth State: IA Zip Code: 52660
Work-week Phone: 319-394-3890 Fax: 319-394-3890 E-Mail: www.jandmdisplays.com
Operator Name for day of Display: Brian Van Gundy Cell Phone: 515-360-2455
Other Contact for day of Display: _____ Cell Phone: _____

Type of Fireworks: Aerial, max 4" dia. Attach program
Length of Display: Approx 15 minutes
Fireworks Supplier: J & M Displays, Inc.
Exact Location of Display: SE of the intersection of Elwood Dr & SE 16th St Attach a diagram of Display/Shoot Location

Date: 4-30-08 Sponsoring Organization Representative Signature: [Signature]
Date: _____ Display Operator Representative Signature: _____

Insurance Requirements: Insurance coverage and certificate requirements are on the back of this form. Please provide the fireworks display operator with the information on the back of this form so it can be shared with his/her insurance agent to facilitate issuance of an acceptable certificate of insurance. Mail the certificate of insurance to the Office of Risk Management at the address below.

Student Organizations Only: Submit Event Notification and Authorization form with other event documents (including display application) at an Event Authorization Committee meeting at least 6 weeks prior to the event.

Application Submittal: Mail the completed application with attachments, including the certificate of insurance, at least 6 weeks prior to the event to: Office of Risk Management, Iowa State University, 3618 Administrative Services Building, Ames, Iowa 50011. For questions, please contact: the Office of Risk Management, (515) 294-7711. Fax #: (515) 294-3105.

APPROVAL SIGNATURES:
Date: 5/14/08
Date: 05/16/08
Date: _____ Environmental Health and Safety
Date: _____ ISU Police

Date: _____ Office of Risk Management

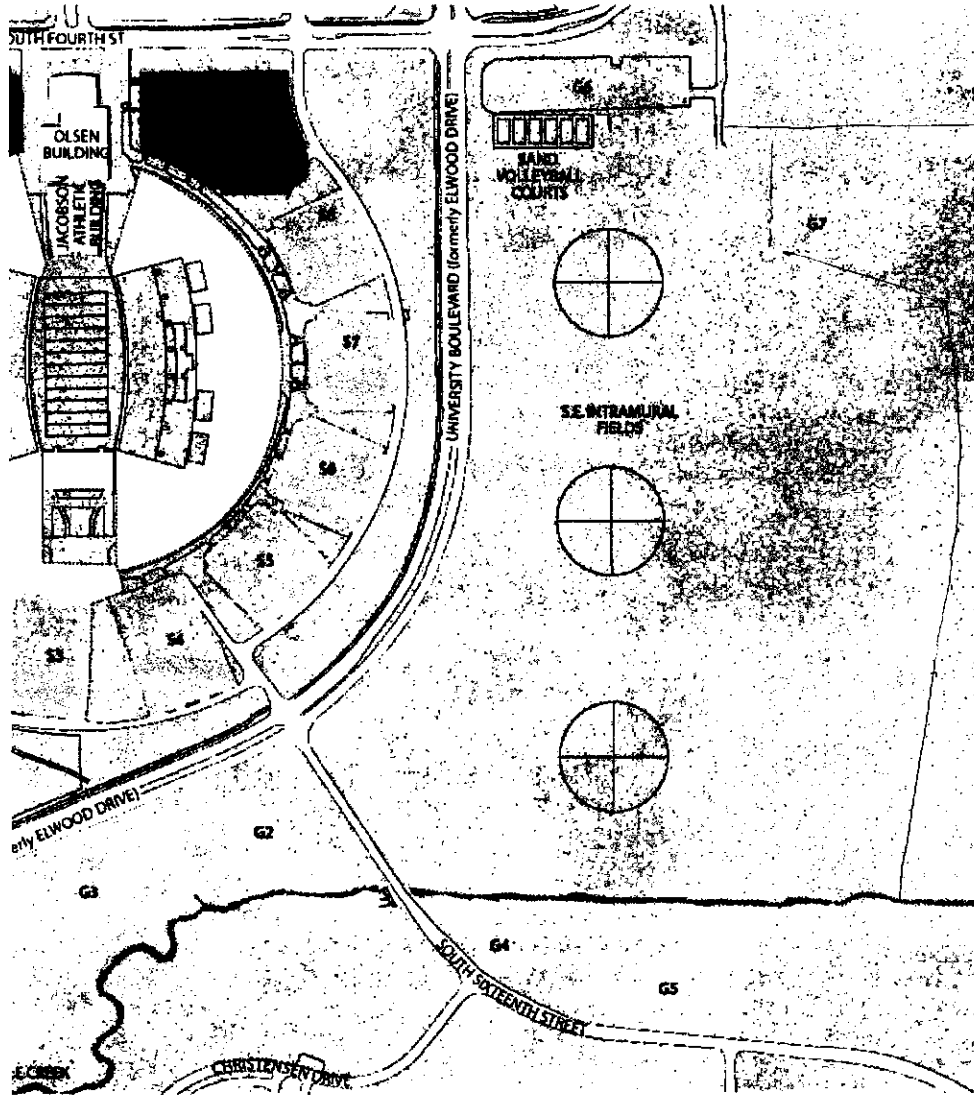
C:\Documents and Settings\Mark\My Documents\Ames Permits\Fireworks_Pyrotechnics_Application2.doc

Date: 6/5/08
[Signature]
CITY OF AMES FIRE INSPECTOR

IOWA STATE UNIVERSITY

Print

Online Campus Map



talk to
Melissa
or Jerry
@DPS
for
re-
approval
Lot
G7
East of
Intramural
fields OK
Tailgating
overflow
grass
area
by golf
course

Per Mike
Harvey
May 20 2008