

# Mr Boom Boom Fireworks

O Jones PO BOX 1011 Fyshwick ACT 2609  
Licence to Supply no:XSPL200010

## CERTIFICATE OF FIREWORKS TRAINING

NAME.....  
ADDRESS.....  
PHONE.....DISPLAY DATE.....

THIS DOCUMENT IS TO VERIFY THAT THE PERSON ABOVE HAS COMPLETED THE REQUIRED TRAINING FOR A SINGLE USE FIREWORKS PERMIT ON THE SAFE USE OF FIREWORKS LISTED ON THEIR PERMIT APPLICATION FORM.  
THE TRAINING IS ONLY VALID FOR THE DISPLAY DATE ABOVE.

THE APPLICANT IS REQUIRED TO OBTAIN AND READ A COPY OF THE OPERATIONAL CONDITIONS OF FIREWORKS AND THE FIREWORKS DISPLAY CHECKLIST FROM WORKCOVER WEBSITE;  
[www.workcover.nsw.gov.au](http://www.workcover.nsw.gov.au) THEY MUST UNDERSTAND & FOLLOW THEIR RESPONSIBILITIES AS A FIREWORKS PERMIT HOLDER.

I HAVE COMPLETED THE REQUIRED TRAINING & HAVE READ THE OPERATIONAL CONDITIONS OF FIREWORKS & THE FIREWORKS DISPLAY CHECKLIST. I ACCEPT & ACKNOWLEDGE THAT I AM PERSONALLY RESPONSIBLE & LIABLE FOR SAFETY OF ALL PERSONS ATTENDING THE DISPLAY.  
Signature of applicant.....Date:.....

AS THE OWNER OF MR BOOM BOOM, I HAVE CONDUCTED THE CORRECT TRAINING FOR THE SAFE USE OF THE FIREWORKS.  
Signature.....Date:.....  
O Jones Owner Operator of Mr Boom Boom Fireworks

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## Get Started Right Away

To replace the placeholder text on this page, just select a line of text and start typing. But don't do that just yet!

First check out a few tips to help you quickly format your report. You might be amazed at how easy it is.

Need a heading? On the Home tab, in the Styles Gallery, just tap the heading style you want. You can also get other styles in the Styles Gallery for text such as bullets or quotes.