

PGI Operator's Certificate Application

BIOGRAPHICAL INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Date of Birth: _____

PGI Member Since:* _____ Course Passed (date): _____

*It is not necessary to be a PGI member to be certified.

Course Instructor Name: _____

Location where course was taken: _____

FIREWORKS EXPERIENCE (5 SHOWS/EVENTS): One display must be done as lead operator, + under supervision. Supply documentation as best you can, such as: date/location and signature and/or letterhead of company with whom you worked. Please describe the type of display (manual, electrical, single or multiple site, choreographed to music or not, etc.). Describe the exact rôle you played and the duties you performed.

1. _____

2. _____

3. _____

4. _____

5. _____

+ Note which display was done with you serving as lead operator, and provide the supervisor's name and contact information.

I want ___ do NOT want ___ (check one) my contact data provided in response to requests for certified shooters by sponsors and companies or AHJs.

Signature: _____

When complete, enclose your check or money order, payable to the PGI, in the amount of \$10.00 to cover costs of preparing and maintaining your credentials, and mail this application and the fees to:

Dr. John Steinberg, Co-Director of PGI Training Programs
3944 Carthage Road, Randallstown, Maryland 21133-4517

Dr. Steinberg will forward your payment to the PGI Secretary-Treasurer, and your information to the persons who issue certificates and maintain the data base of PGI Certified Shooters.