



Registration Form for Safety and Legal Awareness Courses

INSTRUCTIONS

1. Complete the Application Form.
2. Choose the Course(s) you wish to attend.
3. Fill in the Payment Information
4. Scan form and return, with payment, BEFORE October 9th, 2020.

APPLICANT INFORMATION

Family Name	Given Name	Date of Birth (mm/dd/yyyy)
Address		
City	Province	Postal Code
Telephone	Email	
Organization (if related to pyrotechnics)		
Signature of Applicant		

COURSE INFORMATION

Special Effect Pyrotechnics Safety & Legal Awareness Course –Sunday October 18th, 2020. 9AM - 5PM
 This course is a prerequisite to obtaining the Fireworks Operator Certificate – Pyrotechnician

These courses will be conducted live on ZOOM. They will include all the material we regularly cover plus video demos of the products we demo in our in-person courses. The new tests for these courses will reflect the material covered. We require you to attend the entire course. Your Zoom Link & Password will be emailed the day prior to the course.

Once you have successfully completed the course(s) you must apply to the Explosives Regulatory Division to obtain a Fireworks Operator Certificate. A current photo and a payment of \$102.00 must accompany the application.

REGISTRATION INFORMATION

Please note: The completed registration form with payment is required to attend a safety and legal awareness course.
Please return the completed registration form and direct your questions to:
AirMagic Special Effects Tel. 416-703-0425 training@airmagicfx.com

PAYMENT INFORMATION

<input type="checkbox"/>	Pyrotechnics Safety & Legal Awareness Course Sunday, October 18 th , 2020. 9 AM – 5 PM	\$200.00 + HST = Includes: Coffee & Lunch	\$226.00
<input type="checkbox"/>	I am sending a Certified Cheque or Money Order ; payable to AIRMAGIC SPECIAL EFFECTS		Total: \$_____
<input type="checkbox"/>	I authorize the use of the following Credit Card to pay for the selected course(s).		Total: \$_____

CARDHOLDER INFORMATION (if different from applicant)

Name		
Billing Address		
City	Province	Postal Code
Choose one type of credit card: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard		
Card Number	Expiration Date (mm/yy)	Security Code
Name	Date (mm/dd/yyyy)	
Signature		