



Application form – Firework/Pyrotechnic companies

Please complete and return to the address below. Your application will be considered within 14 days of receipt when you will then be notified of the BPA's decision. Further evidence may be requested to demonstrate for instance, level of turnover relating to professionally fired displays, certificate of DGSA etc. Please be assured that any information you provide will be kept confidential by the BPA secretariat except where collated and unattributable information may be used in dealings with, for instance, Government departments (e.g. total BPA turnover figures).

Company Details Applying for Membership			
Company Name			
Address			
Postcode			
Telephone No.			
Email			
Website			
Contact Name (i.e. primary BPA contact - if accepted)			
Type of business (tick)			
<input type="checkbox"/> Limited company	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Trader	<input type="checkbox"/> Other (specify)
Nature of business (e.g. firework display company, pyrotechnic displays, importer, pyrotechnic manufacturer - please be as specific as possible and include a copy of your company literature)			
Other trading names or associated companies (Subject to additional fees)			

British Pyrotechnists Association

8 Aragon Place, Kimbolton, Huntingdon, Cambridgeshire PE28 0JD
 Tel: 01480 878621 Fax: 01480 878650 email bpa@pyro.org.uk
 www.pyro.org.uk

Please indicate why you want to join the BPA

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Annual Turnover on:

Fireworks Displays	Fireworks Sales to Retailers/Public	Firework Sales to Trade	Fireworks - Other (specify)	TOTAL
Pyrotechnic Displays	Pyrotechnic Sales	Pyrotechnic Sales to Trade	Pyrotechnics – Other (specify)	TOTAL

Number of Years Trading

Fireworks	Pyrotechnics	Other	Comments

Operating Facilities (please detail type of licence with reference numbers and include copies of your licence cover sheets with this application form. NOTE: Registered premises is not considered an adequate level of storage for a professional display company)

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Insurance (please confirm nature and level of insurance and include a copies of your current insurance document with this application form)

Public liability	Employer liability	Product liability

Number of Staff

Full Time	Part-Time	Firers

Please specify number of ADR or equivalent trained drivers (please provide evidence)

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Please give information of your DGSA

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References (please give one current BPA member and one trade reference - we will be contacting both before your application to join the BPA will be considered)

Company	Company
Contact	Contact
Address	Address
Email	Email
Telephone No	Telephone No

In the past 5 years, have there been, or is there pending, any civil or criminal proceedings against the Company applying for membership? Yes/No.

If Yes, please contact the Administrative office. Any details provided to the Admin Office will be treated with the strictest confidence.

I confirm that the above is a true statement of the company details and I have included copies of all documents requested. If this membership application is accepted by the BPA I agree to adhere to all Codes of Practice and Voluntary Agreements of the BPA and to notify the BPA of any material changes to the company's circumstances.

Signed _____ Date _____

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