

# Fireworks Written Notice of Cancellation Request

Michigan Department of Licensing & Regulatory Affairs  
Bureau of Fire Services, PO BOX 30700, Lansing, MI 48909  
Phone: (517) 241-8847 Fax: (517) 332-1427  
Email: Fireworks@michigan.gov

## REQUIRED:

SECTION I, II AND III OF THIS FORM MUST BE COMPLETED BY THE CERTIFICATE HOLDER IN ORDER TO BE CONSIDERED FOR CANCELLATION OF YOUR CERTIFICATE. IF THE FORM IS NOT COMPLETED, IT WILL BE RETURNED TO YOU.

## SECTION I

Name of Fireworks Certificate Holder		Certificate No: (limit 1 per form)	
Retail Sales Address (include street address, city, state, zip):			
Certificate Holder Address (if different than above):			
E--mail Address:		Phone Number:	

## SECTION II

Reason for cancellation request (if additional space is needed, please provide as an attachment):	
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## SECTION III

Upon receipt of the signed cancellation form, your certificate will be considered NULL and VOID and you will not be permitted to sell fireworks under that fireworks certificate number.

Printed or typed Name of Certificate Holder:	
Signature of Certificate Holder:	Date of Signature:

## FOR BUREAU USE ONLY

Effective Date of Certificate Cancellation:	Date Form Received/Cancelled:
<input type="checkbox"/> Certificate Cancelled	
<input type="checkbox"/> Notice of Cancellation Sent to Certificate Holder	
Staff Initials Verification:	
Authorized Manager Signature/Date (State Fire Marshal/Assistant State Fire Marshal/Business Manager)	

## INFORMATION AND INSTRUCTIONS

1. An applicant will be considered for cancellation only under the following conditions:
  - a. Submit fireworks written notice of cancellation form (BFS-408).
  - b. The certificate holder must complete Sections I, II, and III of the form.
  - c. Sign, date and submit the form.
2. **SECTION I**
  - a. Enter the name of the fireworks certificate holder (name of applicant on fireworks certificate).
  - b. Enter the fireworks certificate number (limit: only one certificate number can be entered per form).
  - c. Enter the retail sales location for the certificate number.
  - d. Enter the business contact address of the certificate holder.
  - e. Enter a valid e-mail address.
  - f. Enter a valid phone number.
3. **SECTION II**
  - a. Please state a brief reason for the cancellation request, if you need additional space you may provide an attachment.
4. **SECTION III**
  - a. Print the name of the signor (certificate holder).
  - b. Signature of certificate holder (required to be considered for cancellation).
  - c. Date document was signed.
5. You may submit the **signed** cancellation request via U.S. Postal mail, e-mail or by facsimile:

**U.S. Postal Mail:**

**Michigan Department of Licensing & Regulatory Affairs  
Bureau of Fire Services  
Fireworks Certificate Cancellation Request  
PO BOX 30700  
Lansing, MI 48909**

**Facsimile:**

**(517) 332-1427 or (517) 332-1428**

**Email:**

**FIREWORKS@MICHIGAN.GOV**