PYROTECHNICS REQUEST



| Name of event: | | | |
|--|------------|--|------------------------|
| Company Name: | | | |
| Contact Name on Site: | | Email: | |
| Phone: | | Mobile: | |
| Service Location: | | | |
| Delivery Date: | | Approx Time: | |
| | | | |
| Company Insurance Nu | mber: | | |
| Value of Cover: | | | |
| Public Liability Cover Number: | | | (Minimum \$10 million) |
| Insurance Company: | | | |
| Description of Event: | | | |
| Location of Fireworks Display: | | | |
| Fireworks Type/Effects: | | | |
| | | | |
| Supporting Docu | ments | | |
| In order to support you | r applicat | ion, please provide the following information along with this form: | |
| Risk Assessment | | roduct Spec Sheet/MSDS Public Liability | |
| NISK ASSESSITIETIC | | rubic Liability | |
| I hereby agree that if th | e Perth C | onvention and Exhibition Centre grant permission, I will indemnify and hold harmless the Per | rth |
| Convention and Exhibition Centre against any liability, loss, claim or expense arising in connection with any activities or work carried out | | | |
| by or on behalf of Exhibition Centre. I agre | ee that bo | [insert name of company], including any activities or work authorised by Perth Corth my representatives and I will abide by the terms and conditions of Perth Convention and E | |
| Centre and any instruct from this permission be | | l by its officers or employees. I also agree to pay for any damages or charges that may subse | quently arise |
| nom this permission be | enig grant | eu. | |
| Name of Officer: | | Name of Witness: | |
| Signature of Authorised Company Officer: | i | Signature of Witness: | |
| Date: | | Date: | |
| | | | |
| APPROVAL | | | |
| | | | |
| Signature: PCEC Security/Risk Manage | ·r | Date: | |
| | | 5. | |
| Signature: PCEC | | Date: | |

Please complete and return this form to your assigned Event Manager.