

Company Name

**Company Contact Information
Including address, Business and cell phone
number, email and website**

Date

Company Name

We would like to file a NOTAM for the following fireworks displays;

Date of fireworks

Location including City

Nautical Mile location

Exact Time and duration of fireworks

Date of fireworks

Location including City

Nautical Mile location

Exact Time and duration of fireworks

Date of fireworks

Location including City

Nautical Mile location

Exact Time and duration of fireworks

If any further information is required contact XXXXX at (902) XXX-XXXX

Fireworks Checklist*

Date of Event	
Start Time of Event	
End Time of Event	
Nature and Description of Event	
Location of Launch Position	
Security Arrangements Implemented for the Event	
Anticipated Altitude of Detonations	
Air Clearance confirmation as required, and by whom (12 Wing Shearwater Contact name, number/email) [They own the air space over the harbour]	

* You must fill out a fireworks checklist for each event.