



F5.0 FIRE WORKS APPLICATION FORM



Exhibition/Conference Name: _____

Company Name: _____

Contact Name on Day: _____

Address: _____

Suburb: _____ Postcode: _____

Mobile No: _____ Fax. No: _____ Email Address: _____

Date of fire usage: _____

Time of fire usage: _____

Event Manager: _____

Company providing fire: _____

Company insurance number: _____

Public liability cover number: _____

*must be \$20 million

Outline of event: _____

Location: _____

QFRS Approval

Approval:

Signature: _____ Date: _____

Building Services Manager

Signature: _____ Date: _____

General Manager

PLEASE RETURN TO:

Gold Coast Convention and Exhibition Centre
PO Box 1407, BROADBEACH QLD 4218
OR FAX TO 07 5504 4001