State Explosive License - #DFS-K3-34

Licensed Business/Applicant Name: _____ **License Number**: _____

1. Check the types of explosives to be purchased, stored and used:

☐	BLACK POWDER	☐	JET PERFORATORS & TAPPERS
☐	STRAIGHT DYNAMITES	☐	SEISMOGRAPH EXPLOSIVES
☐	SPECIAL DYNAMITES	☐	SAFETY FUSE
☐	GELATIN DYNAMITES	☐	PRIMA CORD
☐	PERMISSIBLES	☐	BLASTING CAPS
☐	NITRO-CARBO-NITRATE	☐	TWO COMPONENT
☐	BLASTING AGENTS (NITRAMON, NITRAMEX, etc.)		
☐	Other: detailed description/list required:		

_____

2. Explosives will be used for the following purpose: _____

_____

3. Do you perform blast services to a firm or individual who holds a Construction Mining Permit? ☐Yes ☐ No

4. If the answer is yes, identify the mine(s): _____

5. Number of Magazine(s): Portable _____ Permanent _____

6. Location of Magazine(s): _____

_____

_____

7. Name of individual in charge of magazine: _____
   Last First Middle

   License Number: _____

   Address: _____
   Number Street

   _____
   City County State Zip Code

   Telephone Number: _____

   Signature of qualifying individual _____

   Title _____

Sworn to and subscribed before me this _____ by _____
Day, Month, Year

who is personally known or who has produced _____ as identification, and who ☐ has ☐ has not taken an oath.

Seal

_____
Notary Signature

_____
Type, Print or Stamp Name