



EXPLOSIVES PERMIT

Application and Permit No.: _____ Application Date: _____
Permit Date: _____ (Pending DOJ Approval)

Person/Business Information

Your Full Name: _____ Business Name: _____
Mailing Address: _____ Physical Address: _____
City, St., Zip: _____ City, St., Zip: _____
Driver's License#: _____ SSN: _____ DOB: _____
Hgt: _____ Wgt: _____ Eyes: _____ Hair: _____ Sex: _____

Vehicle for Transporting

Make: _____ Model: _____ Year: _____ Lic#: _____ Reg. State: _____
Transport Route & Safe Stopping Points: _____

Activity

Manufacture Store Receive/Transport Use
 Sell or Dispose Oper Terminal* Park Vehicle

Material

Type of Explosive: _____ Quantity: _____
How/Where Stored: _____
How/Where Used: _____

NOTE: THE APPLICANT WILL CALL THE AMADOR COUNTY SHERIFF'S DISPATCH CENTER AT (209) 223-6500 PRIOR TO BLASTING*

I, THE UNDERSIGNED, CERTIFY THAT I UNDERSTAND AND WILL ABIDE BY ALL FEDERAL, STATE AND LOCAL LAWS, ORDINANCES, RULES OR ORDERS TO PERFORM THOSE ACTS NOTED HEREIN. I ALSO UNDERSTAND THAT ALL UNUSED INVENTORY COVERED BY THE PERMIT ON OR BEFORE THE EXPIRATION DATE WILL BE DISPOSED OF IN THE FOLLOWING MANNER:

1. Returned to source, 2. Totally destroyed, or 3. Turned over to the authority issuing the permit or reapply for a new permit.

Applicant Signature: _____

This permit is granted on _____ to perform those activities noted above, and will expire one year from date of permit. This permit is valid only in the County of Amador. The permittee is limited to perform these activities subject to the conditions noted below. This permit is not transferable.

Issuing Authority Signature: _____

Restrictions: _____

Distribution:

1. Permittee (Original) 2. Issuing Authority 3. DOJ; State Bureau of CII 4. Chief Fire Authority 5. Amador Fire Protection