



**DEPARTMENT OF FINANCIAL SERVICES**  
*Division of State Fire Marshal*

**APPLICATION FOR STATE EXPLOSIVE LICENSE**  
**BUREAU OF FIRE PREVENTION**  
**REGULATORY LICENSING SECTION**

Return to: Revenue Processing Section  
P. O. Box 6100  
Tallahassee, FL 32314-6100

In compliance with Chapter 552, Florida Statutes, application is hereby made for a State Explosives License of the Type and Class and Examination (if required) as indicated below. A separate application is required for each license requested.

- |                          |  |                  |     |   |               |
|--------------------------|--|------------------|-----|---|---------------|
| <input type="checkbox"/> | Manufacturer-Distributor of Explosives | Type 04 Class 05 | F/T | L | Fee: \$650.00 |
| <input type="checkbox"/> | Dealer in Explosives                   | Type 06 Class 05 | F/T | L | Fee: \$450.00 |
| <input type="checkbox"/> | User in Explosives                     | Type 07 Class 06 | F/T | L | Fee: \$125.00 |
| <input type="checkbox"/> | Examination Filing Fee                 | Type 07 Class 07 | F/T | F | Fee: \$ 30.00 |

**Make Check Payable to the "State Fire Marshal"**

Total Fee(s) Submitted: \$ \_\_\_\_\_

1. Firm Name: \_\_\_\_\_ Federal ID Number: \_\_\_\_\_

2. Name of Qualifying Individual: \_\_\_\_\_  
Last First Middle

3. Business Address: \_\_\_\_\_

City County State Zip Code

4. Mailing Address (if different): \_\_\_\_\_

Home Address: \_\_\_\_\_

**THE DEPARTMENT IS AUTHORIZED TO COLLECT YOUR SOCIAL SECURITY NUMBER BY THE PROVISIONS OF SECTION 552.092(2), FLORIDA STATUTES. THE PURPOSE OF COLLECTION IS TO CONDUCT A CRIMINAL BACKGROUND CHECK. THE DEPARTMENT WILL NOT USE YOUR SOCIAL SECURITY NUMBER FOR ANY OTHER PURPOSES.**

**PERSONAL DESCRIPTION OF QUALIFYING INDIVIDUAL:**

5. Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Color of Hair: \_\_\_\_\_ Color of Eyes \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_

Identifying Marks: \_\_\_\_\_

6. Business Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

7. Have you ever been convicted of a felony?  Yes  No

8. If the answer to the above question is yes, have your been pardoned or have your civil rights been restored?  
 Yes  No

9. Have you ever been adjudicated mentally incompetent?  Yes  No

10. If the answer to the above question is yes, have your civil rights been restored?  Yes  No

\*\*\*\*THE REVERSE SIDE OF THIS FORM MUST BE COMPLETED IN DETAIL\*\*\*\*

