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.

☐	Manufacturer-Distributor of Explosives	Type 04 Class 05	F/T	L	Fee: $650.00
☐	Dealer in Explosives	Type 06 Class 05	F/T	L	Fee: $450.00
☐	User in Explosives	Type 07 Class 06	F/T	L	Fee: $125.00
☐	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******

Business/Applicant Name: _____

11. 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 required:		

_____

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

_____

_____

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

14. Location of Magazine(s): _____

_____

_____

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

License Number: _____

Address: _____
Number Street

_____
City County State Zip Code

Telephone Number: _____

FINGERPRINT CARD AND PHOTOGRAPH MUST ACCOMPANY APPLICATION

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