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 | | | | | | | |
|----------|---|--|----------------------|------------------------------|-------|--|--|--|
| | iance with Chapter 552, Florida Statutes, tion (if required) as indicated below. A set | | | | s and | | | |
| | Manufacturer-Distributor of Explo | osives 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 "St | ate Fire Marshal" | Total Fee(s) Submitt | ed: \$ | | | | |
| 1. | Firm Name: | | Federal ID Number | : | | | | |
| 2. | Name of Qualifying Individual: | | | | | | | |
| | Last | | First | Middle | | | | |
| 3. | Business Address: | | | | | | | |
| | City County | Sta | te | Zip Code | | | | |
| 4. | Mailing Address (if different): | | | | _ | | | |
| | Home Address: | | | | | | | |
| 552.092(| PARTMENT IS AUTHORIZED TO COLLI (2), FLORIDA STATUTES. THE PURPO PARTMENT WILL NOT USE YOUR SOC PERSONAL DESCRIPTION OF QUAL | SE OF COLLECTION IS TO EIAL SECURITY NUMBER F | CONDUCT A CRIM | INAL BACKGROUND CHECK | | | | |
| 5. | Height: Weight: Col | or of Hair: Color | of Eyes | Sex: Race: | | | | |
| | Social Security Number:Identifying Marks: | | | State of Birth: | | | | |
| 6. | Business Phone Number: Home Phone Number: | | | | | | | |
| 7. | Have you ever been convicted of a felor | ny? 🗌 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 | | | | | | | |

| | Business/Applicant Name: _ | | | | | | |
|--|---|---------------------------------|----------------|--|-----------------|--|--|
| 11. | Check the types of explosives to b | e purchased, stored and used | l: | | | | |
| | □ BLACK POWDER □ STRAIGHT DYNAMITE □ SPECIAL DYNAMITES □ GELATIN DYNAMITES □ PERMISSIBLES □ NITRO-CARBO-NITRA BLASTING AGENTS (NOTHER: detailed description) | TE IITRAMON, NITRAMEX, etc.) | | JET PERFORATORS SEISMOGRAPH EXF SAFETY FUSE PRIMA CORD BLASTING CAPS TWO COMPONENT | | | |
| 12. | Explosives will be used for the follo | owing purpose: | | | | | |
| | | | | | | | |
| 13. | Number of Magazine(s): | Portable | Dorr | manent | | | |
| 14. | | r oi table | | | | | |
| | | | | | | | |
| 15 | Name of individual in charge of ma | agazina. | | | | | |
| 15. | Name of individual in charge of ma | Last | First | | Middle | | |
| | 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 _ | Day, Month, Year | by _ | | | | |
| | personally known or who has produ an oath. | | | s identification, and who | ☐ has ☐ has not | | |
| Seal | | | Notary S | Signature | <u></u> | | |
| DFS-K3- | 34 Effective 01/09/13 | | Type, Print or | Stamp Name | | | |