



EL DORADO COUNTY

SHERIFF'S OFFICE

EXPLOSIVES APPLICATION

Application and Permit No.: _____ Application Date: _____

Applicant Name: _____ Telephone: () _____

Address: _____

City: _____ State: _____ Zip: _____

CDL: _____ Social Security: _____ DOB: _____ Age: _____

Sex: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____

Employer: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Notification: _____ Phone: _____

Vehicle for Transportation: Make: _____ Model: _____ Year: _____ License: _____

Who and by what means will explosives be transported?

Activity: Manufacture _____ Store: _____ Use: _____ Sell: _____ Dispose: _____

Operate Terminal: _____ Park Vehicle: _____

Material-Type of Explosive: _____ Quantity: _____ lbs

_____ Quantity: _____ lbs

Describe storage facility and where located (provide a detailed map with directions to the site):

Where will explosives be detonated?

Who will be using the explosives? (Provide copy of Blaster's License if one has been obtained from CALOSHA.)

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 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.

SIGNATURE: _____ DATE: _____

This permit is granted on _____ to perform those activities noted above and will expire on _____ (not to exceed one (1) year maximum). The permittee is limited to perform these activities _____ times or during the tenure of the permit, subject to the conditions noted below.

THIS PERMIT IS NOT TRANSFERABLE.

Restrictions: _____

Authorized El Dorado County Sheriff's Representative: _____ Date: _____

Fee Collected: _____