EXPLOSIVE PERMIT APPLICATION

CHAPTER NO. 190

Company Name ___________________________ Date ________________

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<th>Type Operation</th>
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<td>Travel Hours</td>
<td>Inspector Number</td>
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Above blocks for Mine Safety Section Only

MAILING ADDRESS

STREET ___________________________ BOX NUMBER ________________

CITY ___________________________ STATE ___________________________ ZIP CODE ________________

TELEPHONE NUMBER ___________________________ COUNTY ___________________________

SITE LOCATION: STREET/ROAD ___________________________ CITY ___________________________

TYPE OF PERMIT

1. SELL (CHECK ONE) 
   ☐ RETAIL 
   ☐ WHOLESALE 
   ☐ COMMERCIAL

   PRODUCT (CHECK ONE) 
   ☐ SMOKELESS 
   ☐ BLACK POWDER 
   ☐ BOTH
   ☐ MODEL ROCKETS 
   ☐ SPECIAL 
   ☐ OTHER

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2. STORE ☐ INDOOR ☐ OUTDOOR

   TYPE OF MAGAZINE ___________________________ TYPE OF EXPLOSIVES ___________________________

   MAXIMUM QUANTITY: EXPLOSIVES POUNDS ___________________________

   NO. OF DETONATORS ___________________________

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3. MANUFACTURE ☐ 1A NEW EXPLOSIVES ☐ 1B MFG. EXPLOSIVES ☐ 1C ASSEMBLY
   ☐ 1D FIREWORKS ☐ 1E SPECIAL

   PRODUCT (CHECK ONE) ☐ COMMERCIAL EXPLOSIVES ☐ GUN POWDER
   ☐ MILITARY ☐ OTHER

   MAXIMUM QUANTITY ANNUAL AMOUNT EXPLOSIVES POUNDS ___________________________

   ANNUAL AMOUNT NUMBER OF DETONATORS ___________________________

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4. USE TYPE Q PURCHASE PERMIT (FOR PURCHASE ONLY WHEN THERE IS NO STORAGE)

   PRODUCT (CHECK ONE) ☐ MINE OR QUARRY ☐ BLASTING CONTRACTOR
   ☐ OTHER ___________________________

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I CERTIFY THAT I AM FAMILIAR WITH AND WILL COMPLY WITH THE NEW JERSEY EXPLOSIVE CODE

SIGNATURE ___________________________ TITLE ___________________________ DATE ________________

PLEASE SEE REVERSE SIDE FOR ADDITIONAL INFORMATION
MAGAZINE CHECK

CLASS SIZE: L _______ W _______ H _______

BARRICADES ☐ YES ☐ NO

☐ HOUSEKEEPING INSIDE ☐ HOUSEKEEPING OUTSIDE

Distance to nearest building (Feet) ______________________________________

Maximum Quantity ___________________________ Inventory _____________ (At Time of Inspection)

Lock: Manufacture ___________________________ Size __________________

COMPANY PRINCIPAL BUSINESS

☐ BLASTING CONTRACTOR ☐ MANUFACTURING
☐ EXPLOSIVES MANUFACTURING ☐ MINE OR QUARRY
☐ GENERAL CONTRACTOR ☐ SPORT STORE
☐ HI-EXPLOSIVE SALES ☐ TOY STORE
☐ OTHER __________________

MANUFACTURE-PROCESS (DESCRIBE OPERATION)

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Name of Principal Officer __________________

Name of Operation Manager __________________

FEES: ☐ ATTACHED ☐ TO BE MAILED

PLEASE MAIL TO: STATE OF NEW JERSEY
DEPARTMENT OF LABOR
MINE SAFETY SECTION
PO BOX 386
TRENTON, NJ 08625-0386

INSPECTOR’S SIGNATURE ___________________________ DATE ________________

DO NOT WRITE BELOW THIS LINE – FOR MINE SAFETY SECTION USE ONLY

PERMIT FEE ______________________ PERMIT NUMBER __________________

DATE ISSUED _______________ EXPIRATION DATE ________________