# EXPLOSIVE PERMIT APPLICATION

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**Company Name** [ ]

**Date** [ ]

<table>
<thead>
<tr>
<th>Company Number</th>
<th>Type Operation</th>
<th>Type Inspection</th>
<th>0</th>
<th>1</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inspection Hours</td>
<td>Travel Hours</td>
<td>Inspector Number</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Above blocks for Mine Safety Section Only

**MAILING ADDRESS**

STREET [ ]

BOX NUMBER [ ]

CITY [ ]

STATE [ ]

ZIP CODE [ ]

TELEPHONE NUMBER [ ]

COUNTY [ ]

**SITE LOCATION**: STREET/ROAD [ ]

CITY [ ]

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**TYPE OF PERMIT**

1. **SELL** (CHECK ONE)
   - [ ] RETAIL
   - [ ] WHOLESALE
   - [ ] COMMERCIAL

   **PRODUCT** (CHECK ONE)
   - [ ] SMOKELESS
   - [ ] BLACK POWDER
   - [ ] BOTH
   - [ ] MODEL ROCKETS
   - [ ] SPECIAL
   - [ ] OTHER

2. **STORE**
   - [ ] INDOOR
   - [ ] OUTDOOR

   **TYPE OF MAGAZINE** [ ]

   **TYPE OF EXPLOSIVES** [ ]

   **MAXIMUM QUANTITY**: EXPLOSIVES POUNDS [ ]

   **NO. OF DETONATORS** [ ]

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** [ ]

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** [ ]

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**PLEASE SEE REVERSE SIDE FOR ADDITIONAL INFORMATION**
MAGAZINE CHECK

<table>
<thead>
<tr>
<th>CLASS</th>
<th>SIZE:</th>
<th>W</th>
<th>H</th>
</tr>
</thead>
<tbody>
<tr>
<td>BARRICADES</td>
<td>☑️ YES</td>
<td>☑️ HOUSEKEEPING INSIDE</td>
<td>☑️ HOUSEKEEPING OUTSIDE</td>
</tr>
</tbody>
</table>

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 __________________________