

EXPLOSIVE PERMIT APPLICATION

CHAPTER NO. 190

Company Name _____ Date _____

Company Number								Type Operation				Type Inspection	0	1	0
Inspection Hours			•		Travel Hours			•		Inspector Number					

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

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 _____

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

SIGNATURE _____ TITLE _____ DATE _____

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
- EXPLOSIVES MANUFACTURING
- GENERAL CONTRACTOR
- HI-EXPLOSIVE SALES
- OTHER _____
- MANUFACTURING
- MINE OR QUARRY
- SPORT STORE
- TOY STORE

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 _____