## EXPLOSIVE PERMIT APPLICATION

**CHAPTER NO. 190**

**Company Name _______________________________ Date __________________**

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

**TYPE OF PERMIT**

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

   **PRODUCT** (CHECK ONE)
   - ☐ SMOKELESS
   - ☐ BLACK POWDER
   - ☐ BOTH
   - ☐ SPECIAL
   - ☐ OTHER

   MAXIMUM QUANTITY: EXPLOSIVES POUNDS __________________

   NO. OF DETONATORS __________________

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 _____________

**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 __________________________