Monthly Explosives Sales Report

NOTE: COMPLETE ALL APPLICABLE ENTRIES ON FRONT AND REVERSE SIDE OF THIS FORM. THE COMPLETED FORM IS TO BE MAILED TO THE OFFICE OF SAFETY COMPLIANCE WITHIN 10 DAYS AFTER THE END OF THE MONTH FOR WHICH THE REPORT IS DUE. Phone No. _____ Street Address State ____ Detonator **Explosives** MONTH AND YEAR OF REPORT (Caps) Gunpowder Other Lbs. No. Beginning Actual Count Inventory First of Month Purchases During the Month Total (Item 1 plus Item 2) Sales to Customers (Detail Below) Miscellaneous Adjustments Month Ending Inventory on Hand by Actual Count Name of Supplier: DATE INV.# Comments: **Customer Name** High Explosives Lbs. **Detonator Caps** Gunpowder Lbs. Other SALES ONLY **MAIL TO:** OFFICE OF PUBLIC SAFETY COMPLIANCE P.O. BOX 386 (LICENSEE SIGNATURE) TRENTON, NEW JERSEY 08625-0386 PHONE: (609) 292-2096 FAX: (609) 777-4589

Monthly Explosives Sales Report

Customer Name SALES ONLY	High Explosives Lbs.	Detonator Caps	Gunpowder Lbs.	Other