

State of New Hampshire DEPARTMENT OF SAFETY DIVISION OF STATE POLICE



PERMITS & LICENSING UNIT 33 HAZEN DRIVE CONCORD, NH 03305 (603) 223-3873

APPLICATION FOR LICENSE TO MARKET AND SELL EXPLOSIVES

OFFICIAL USE ONLY BY STATE POLICE		
LICENSE NUMBER:	DATE OF ISSUE: (Expires one (1) year from date of issue)	
THE APPLICANT IS: (CHECK BOX)		
An Individual	A Partnership	
A Corporation	Limited Liability Corporation	
(PLEASE PRINT OR TYPE) APPLICATION FEE: \$100.00 - Fee is to be submitted with application. Separate application and fee required for each sales outlet.		
In accordance with the provisions of RSA 158:9-b part III, application is submitted for License to Sell and/or Market Explosives within the State of New Hampshire as defined by RSA 158:9-a part VI.		
Name: (Print name of corporation, firm or individual)	Date of Birth:	
(Print name of corporation, firm or individual) 2. Address:		
	ity or Town) (State) (Zip Code)	
3. Present Employer:(If self-employed, so state)		
4. Employer's Address:		
5. Position:		
6. If the applicant is other than an individual, list the following:		
(a) Name and address of owner or person in charge:		
(b) Name, date of birth and address of person signing license application:		
7. New Hampshire Certificate of Competency for the use of Explosives number, (if any):		
8. Telephone number (include area code):		

	Do you currently hold a License to sell explosive materials in any other state? YES NO If "yes", where? License #:	
10.	Has a License or Certificate of Competency for the use or sale of explosives been refused to you upon application at any previous time? YES NO If "yes", explain fully:	
11.	Has any previous License or Certificate of Competency for the use or sale of explosives been revoked or suspended? YES \(\subseteq \text{NO} \subseteq \text{If "yes", explain fully:} \)	
12.	Do you have a criminal record which has not been annulled? YES \(\subseteq \text{NO} \subseteq \text{If "yes" explain fully:}	
13.	Are you an American citizen? YES NO	
14.	How many years have you been engaged in the business of selling explosive materials?	
15.	For what companies, municipalities, or other organizations have you worked in this capacity?	
16.	Are you under indictment in any court for a crime punishable by imprisonment for a term exceeding one year? YES \(\square \) NO \(\square \) If "yes", explain fully:	
17.	Are you a fugitive from justice? YES NO	
18.	Are you twenty-one (21) years of age or older? YES \(\square\) NO \(\square\)	
19.	Are you an unlawful user of, or addicted to marijuana or any depressant or stimulant drug or narcotic drug? YES NO	
20.	Have you ever been adjudicated as a mental defective or been committed to any mental institution? YES \(\square\) NO \(\square\)	
21.	Physical Characteristics: Height: Weight: Color Hair: Color Eyes:	
I certify that I have read the foregoing application and affirm that every statement contained therein is true and correctly set forth, and I also certify that I am familiar with all state laws, regulations and local ordinances relating to explosive materials, for the location in which I intend to conduct operations. (False statements made herein are punishable under NH RSA 641:3.) Signature of Applicant:		
J	(or person authorized to sign on behalf of firm or corporation) (Social Security Number)	
Make checks payable to: Treasurer, State of New Hampshire.		
OFFICIAL USE ONLY BY STATE POLICE		
	Approved Disapproved Application Returned	
Reason(s) for return or disapproval:		