



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 STORE EXPLOSIVE MATERIAL

Type or print all answers clearly. Answer all required questions. Failure to do so will delay the processing of your application. False answers will result in license denial.

Construction of storage facilities must be in compliance with the rules and regulations of the Director of State Police and 27 CFR 181 of the Federal regulations. Storage of explosive material, electric and non-electric blasting caps must be in compliance with the rules and regulations of the Director of State Police and CFR 181 of the Federal regulations and only in licensed storage facilities as outlined below.

OFFICIAL USE ONLY BY STATE POLICE:

NEW LICENSE NUMBER: _____ DATE OF ISSUE: _____
(Expires one (1) year from date of issue)

(PLEASE PRINT OR TYPE)

The Applicant is: (Check Box)

An Individual

A Corporation

A Partnership

Limited Liability Corporation

1. Name: _____ Date of Birth: _____

2. Address: _____
(No. Street) (City 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. Telephone number (include area code): Office: _____ Cell: _____

8. Email Address: _____

9. Physical Characteristics: Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

10. N.H. Use, Purchase and Transport of Explosives License number, (if any): _____

11. N.H. Market and Sell Explosives License number (if any): _____

12. Fee to be submitted with application according to the following table. Make checks payable to: Treasurer, State of NH.

Please check appropriate box below:

TYPE	FEE	FOR STORAGE OF:
<input type="checkbox"/> # 1 PERMANENT	\$50.00	High Explosives, Low Explosives and Blasting Agents
<input type="checkbox"/> # 2 OUTDOOR	\$50.00	High Explosives, Low Explosives and Blasting Agents
<input type="checkbox"/> # 2 INDOOR	\$10.00	High Explosives, Low Explosives and Blasting Agents
<input type="checkbox"/> # 4 OUTDOOR	\$50.00	Low Explosives, Blasting Agents
<input type="checkbox"/> # 4 INDOOR	\$10.00	Low Explosives, Blasting Agents
<input type="checkbox"/> # 5 OUTDOOR	\$50.00	Blasting Agents
<input type="checkbox"/> #5 INDOOR	\$10.00	Blasting Agents

I certify that I have read the foregoing application and affirm that every statement contained herein is true and correctly set forth, and I also certify that I am familiar with all the 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 RSA 641:3).

Signature of Applicant: _____
(or person authorized to sign on behalf of firm or corporation)

DESCRIPTION OF STORAGE FACILITY: (to be completed by applicant)

1. Manufacturer: (if homemade, so state) _____
2. Serial number: (if any) _____
3. Capacity: _____ Type of explosive normally stored: _____
4. Description of construction: (metal, block, wood thickness, etc, also give approximate shape and size)
5. Location where storage facility can be found, at time of application: (give directions from nearest highway or city line, if necessary draw a map in space below). Provide physical street address.
6. Request for variance from the requirements of regulations promulgated pursuant to RSA 158:9-f: (list below any variances you are requesting and give any information or reasons supporting your request. Continue on separate sheet if necessary).

OFFICIAL USE ONLY BY STATE POLICE

APPROVED DISAPPROVED APPLICATION RETURNED

Reason(s) for return or disapproval: _____

Date facility inspected: _____ Inspected by: _____