

# 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

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2. **STORE**       INDOOR       OUTDOOR
- TYPE OF MAGAZINE \_\_\_\_\_ TYPE OF EXPLOSIVES \_\_\_\_\_
- MAXIMUM QUANTITY:      EXPLOSIVES POUNDS \_\_\_\_\_
- NO. OF DETONATORS \_\_\_\_\_

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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 \_\_\_\_\_

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4. **USE TYPE Q PURCHASE PERMIT (FOR PURCHASE ONLY WHEN THERE IS NO STORAGE)**
- PRODUCT (CHECK ONE)       MINE OR QUARRY       BLASTING CONTRACTOR
- OTHER \_\_\_\_\_

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**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)**

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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 \_\_\_\_\_