



# ROCKLIN

CALIFORNIA

## Rocklin Police Department

4080 Rocklin Road, Rocklin, CA 95677  
Tel: (916) 625-5400, Fax: (916) 625-5495

### Explosive Permit Application Requirements

1. Photocopy of your State Blaster's License through the State of California Licensing Board
2. Photocopy of your Driver's License
3. Photocopy of Liability Insurance for \$1,000,000 to \$5,000,000 in accordance with Uniform Fire Code, Section 77.104 and City of Rocklin Municipal Code chapter 8.28 (exact amount will be determined by Chief of Police)
4. Completed Explosive Permit Application, including thumb print.
5. Photocopy of your current Certification of Eligibility from the California Department of Justice.
6. City of Rocklin Business License.
7. Permit fee of \$64.00 (non-refundable).
8. Any additional restrictions or conditions to the issuance of the Explosive Permit.

#### Standard requirement for the use of high explosives within the City of Rocklin

- Permittee must document each explosive blast with a "Shot Report" describing weather conditions, distance to nearest structure, time of explosion, type of explosives, initiation system, and seismograph information. A seismograph is to be used to document the ground disturbance effect of each detonation.
- A permittee will provide written notification to surrounding residents and/or commercial establishments of their intention to use high explosives in the area. The notification area will adhere to the recommendations of the federal and state laws for scaled distance. The written notification must contain the following information:
  1. The name, address, and telephone number of the permittee.
  2. The normal hours of operation.
  3. The type of warning device to be used and associated description of each individual warning signal with its meaning.
  4. The nature and/or type of activity resulting from the use of high explosives which could impact individuals and property.
- Permittee must notify the Rocklin Police Dispatch Center one hour prior to blasting at (916) 625-5400.
- The issuing authority of this agency or their designee may add any additional requirements and/or conditions to the Explosive Permit. These requirements or conditions will be written on Page 2 of the explosive Permit when returned to applicant after approval.
- The issuing authority or their designee has the authority to inspect any work site and/or review any documentation to ensure the permittee is complying with the requirements of their Explosive Permit.

**CHAD BUTLER**, Chief of Police

**CITY OF ROCKLIN** Police Department, 4080 Rocklin Rd. Rocklin, CA 95677  
**RocklinPD.com** | P. 916-625-5400 | F. 916-625-5495 | TTY. 916-632-4093

# EXPLOSIVE PERMIT APPLICATION

**ROCKLIN POLICE DEPARTMENT**  
**4080 Rocklin Road**  
**Rocklin, CA 95677**  
**(916) 625-5400**

FOR POLICE USE  
ONLY

X -

Permit Number

**SECTION 1**

100 pounds or less (Fee \$64.00)       More than 100 pounds (Fee \$64.00)

PERMITTEE INFORMATION Form to be filled out completely prior to review and issuance of permit.				Date:
NAME (Last, First, M.I.)		DOB		RIGHT THUMB PRINT
RESIDENCE ADDRESS			STATE      ZIP CODE	
BUSINESS ADDRESS			STATE      ZIP CODE	
RESIDENCE PHONE	BUSINESS PHONE	BLASTER'S LICENSE NO:	STATE OF REGISTRATION	
DRIVER'S LICENSE NO.      STATE				
VEHICLE INFORMATION		ACTIVITY PERFORMED		
<input type="checkbox"/> TRANSPORT OF EXPLOSIVES      VEHICLE LICENSE NO. _____ <input type="checkbox"/> STORAGE OF EXPLOSIVES      MAKE: _____ YEAR: _____ <input type="checkbox"/> OTHER (Explain below)      MODEL: _____ COLOR: _____		<input type="checkbox"/> USE EXPLOSIVES <input type="checkbox"/> MANUFACTURE <input type="checkbox"/> STORE <input type="checkbox"/> SELL/DISPOSE <input type="checkbox"/> RELEASE/TRANSPORT <input type="checkbox"/> PARK VEHICLE <input type="checkbox"/> OPERATE TERMINAL		
ADDITIONAL AUTHORIZED PERSONNEL				
NAME: (Last, First, M.I.)		DOB		DRIVER'S LICENSE NO./STATE
MAILING ADDRESS:			STATE      ZIP CODE	
AUTHORIZED DUTIES: <input type="checkbox"/> Use <input type="checkbox"/> Receive and/or Transport <input type="checkbox"/> Sell or otherwise dispose <input type="checkbox"/> Manufacture <input type="checkbox"/> Park Vehicle <input type="checkbox"/> Operate Terminal <input type="checkbox"/> Store				
BLASTER'S LICENSE NO.		STATE OF REGISTRATION		
TYPES OF EXPLOSIVES			TYPE OF FIRING SYSTEM USED	
Brand Name	Explosive Class (A/B)	Quantity (lbs.)	<input type="checkbox"/> Non-Electric Firing System	
1.				
2.				
3.				
4.				
5.				
Location where materials are used: Address:		Reason for use of materials: Explain:		
Location where materials are stored: Address:				
How are materials stored: Type of containment:		Other information:		
Travel route and safe stopping places:				

**SECTION 2**

INSURANCE
<p>Before the permit can be issued, the applicant must file a public liability insurance policy in the amount of \$ _____ for the purpose of payment of all damages to persons or property which arise from or are caused by the conduct of any act authorized by this permit.</p> <p>I, the undersigned, certify that I understand and will abide by all Federal, State, and local laws and ordinances, rules or orders to perform those acts noted herein. I also understand that all unused inventory covered by this permit on or before the expiration date will be disposed of in accordance with Health and Safety Code Section 12087.</p> <p style="text-align: right; margin-right: 100px;">_____</p> <p style="text-align: right; margin-right: 100px;">(Signature of Applicant)      (Date)</p> <p>I will dispose of the materials in the following manner:</p> <p><input type="checkbox"/> Returned to their source.      <input type="checkbox"/> Turned over to the authority issuing this permit.</p> <p><input type="checkbox"/> Totally destroyed.      <input type="checkbox"/> Re-apply for new permit.</p>