

# EXPLOSIVE PERMIT APPLICATION

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

<b>FOR POLICE USE ONLY</b>
X -
Permit Number

**SECTION 1**

- 100 pounds or less (Fee \$2.00)       More than 100 pounds (Fee \$10.00)

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																		
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Brand Name</th> <th style="width: 40%;">Explosive Class (A/B)</th> <th style="width: 30%;">Quantity (lbs.)</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td></tr> <tr><td>5.</td><td></td><td></td></tr> </tbody> </table>	Brand Name	Explosive Class (A/B)	Quantity (lbs.)	1.			2.			3.			4.			5.			<input type="checkbox"/> Non-Electric Firing System
Brand Name	Explosive Class (A/B)	Quantity (lbs.)																	
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	
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.	
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.	
I will dispose of the materials in the following manner: <input type="checkbox"/> Returned to their source. <input type="checkbox"/> Turned over to the authority issuing this permit. <input type="checkbox"/> Totally destroyed. <input type="checkbox"/> Re-apply for new permit.	<div style="text-align: center; margin-bottom: 10px;">           _____            (Signature of Applicant)      (Date)         </div>