

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 \$89.00)

More than 100 pounds (Fee \$89.00)

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"/> USE EXPLOSIVES	<input type="checkbox"/> MANUFACTURE	
<input type="checkbox"/> STORAGE OF EXPLOSIVES	MAKE: _____ YEAR: _____	<input type="checkbox"/> STORE	<input type="checkbox"/> SELL/DISPOSE	
<input type="checkbox"/> OTHER (Explain below)	MODEL: _____ COLOR: _____	<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.)		
1.			<input type="checkbox"/> Non-Electric Firing System	
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.

(Signature of Applicant)

(Date)

I will dispose of the materials in the following manner:

- Returned to their source.
- Turned over to the authority issuing this permit.
- Totally destroyed.
- Re-apply for new permit.

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SECTION 3

PERMIT:

- Approved**
- Denied**

Approval Date: _____
Expiration Date: _____

The permittee is limited to perform those activities as described within this permit. Permit is non-transferable. Changes to any part of this permit will require issuance of a new permit. Please note any additional conditions described below.

**RUSTIN BANKS, Chief of Police
Issuing Authority**

SECTION 4

REQUIREMENTS:

Standard requirements can be met: Yes No
Blasting times shall be restricted between the hours of: _____ to _____
Additional Conditions: _____

For additional information contact the Rocklin Police Department

SECTION 5

DISTRIBUTION:

Issuing Authority

Copies: Permittee
DOJ attn: COE, P.O. Box 160487 Sacramento, CA 95816-0487
Rocklin EOD Unit
Fire Chief - Where explosives to be used/stored

NOTE: When transport of explosives is noted forward to:

California Highway Patrol
Motor Carrier Safety Section
P.O box 942898
Sacramento, CA 94298-001