

# OFFICE OF THE SHERIFF

## COUNTY OF INYO

STEPHANIE J. RENNIE, SHERIFF

Permit #		Fees:	<input type="checkbox"/> 100 lbs or less \$2.00 <input type="checkbox"/> More than 100 lbs \$10.00
Status: <input type="checkbox"/> Individual <input type="checkbox"/> Association <input type="checkbox"/> Co-Partnership <input type="checkbox"/> Firm <input type="checkbox"/> Joint Venture <input type="checkbox"/> Corporation If not an individual, each person who is working under this license must sign declaration.			
Last Name:		First Name:	
		M.I.	
		Type of Application:	
		Date:	
Date of birth:	SSN:	Place of Birth:	
Current address:		Email Address:	
City:	State:	ZIP Code:	
Mailing address:			
City:	State:	ZIP Code:	
Business Address:			
City:	State:	ZIP Code:	
Residence Phone:	Cell Phone:	Business Phone:	
Driver's License Number:	State Issued:	Expiration Date:	
Have you been arrested or convicted of any crime in the past five years; <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain on separate sheet)			
Vehicle			
Make:	Model:	Year:	Lic #:
State:			
Travel Route and Safe Stopping Places:			
Activity			
<input type="checkbox"/> Store <input type="checkbox"/> Receive and/or Transport <input type="checkbox"/> Use <input type="checkbox"/> Manufacture <input type="checkbox"/> Sell			
Material			
Type of Explosive:			Quantity:
How/Where Stored:			
How/Where Used:			
Declaration			
I, the undersigned, certify that I understand and will abide by all Federal, State and Local laws, ordinances, rules or orders to perform those acts noted herein. I also understand that all unused inventory covered by permit on or before the expiration date will be disposed of in one of the following manners:			
<ul style="list-style-type: none"> <li>• The explosives shall be returned to source or</li> <li>• Totally destroyed or</li> <li>• New permit acquired</li> </ul>			
Name:		Signature:	
Name:		Signature:	
Name:		Signature:	
Name:		Signature:	
Approval			
This permit is granted		To perform the activities noted above. This permit will become void after:	

P.O. Drawer "S" (550 South Clay Street) Independence, California 93526

*A Professional Service Agency*  
~ Since 1866 ~

The permittee is limited to perform these activities during the tenure of the permit and is subject to the conditions noted above

**THIS PERMIT IS NOT TRANSFERABLE**

Authorizing Signature:

Date:

### **New Applicant Instructions**

Please submit the following with your application:

- COE (Certificate of Eligibility) issued by DOJ for each person that will be handling or transporting explosives.
- If the Permittee represents an Institution or Company, submit a letter naming permittee as authorized representative
- Entities employing individuals must submit proof of liability insurance
- All vehicles that will be utilized to transport explosives
- Name and DOB for all persons transporting explosives
- License plate numbers for each transport vehicle
- Map of explosive site location and storage area

### **Renewal Applicant Instructions**

Please submit the following with your application:

- COE (Certificate of Eligibility) issued by DOJ for each person that will be handling or transporting explosives.
- If the Permittee represents an Institution or Company, submit a letter naming permittee as authorized representative
- Entities employing individuals must submit proof of liability insurance
- Verify information from prior permit is accurate
- Send copy of Drivers License if submitting by mail.