

# OFFICE OF THE SHERIFF

## COUNTY OF INYO



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 handling explosives who is working under this license must sign a declaration. Form					
Last Name:		First Name:		M.I.	Type of Application:
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 #:
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 Totally destroyed Or New permit acquired</li> </ul>					
Name:		Signature:			Date:
Approval					
This permit is granted		To perform the activities noted above. This permit will become void after:			
The permittee is limited to perform these activities during the tenure of the permit and is subject to the conditions noted above					
<b>THIS PERMIT IS NOT TRANSFERABLE</b>					
Authorizing Signature:					Date:

**PLEASE NOTE: IF YOU ARE FILING THIS APPLICATION BY MAIL YOU MUST SEND A COPY OF DRIVERS LICENSE FOR ALL APPLICANT'S.**

**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.

FOR QUESTIONS CONTACT: [RECORDS@INYOCOUNTY.US](mailto:RECORDS@INYOCOUNTY.US)