

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:
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"> • The explosives shall be returned to source or Totally destroyed Or New permit acquired 				
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				
THIS PERMIT IS NOT TRANSFERABLE				
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