

OFFICE OF THE STATE FIRE MARSHAL**800 SW JACKSON, STE 104, TOPEKA, KS 66612****(785) 296-3401; FAX (785) 368-6559****EXPLOSIVE USER PERMIT INSTRUCTIONS**

Pursuant to NFPA 495, before a person conducts an operation or activity that uses explosive materials, that person shall obtain a permit to use, which provides authorization to purchase, possess, store, and use such materials.

All fields should be filled out. Any information left blank could result in a delay in processing your application.

1. NAME (TO APPEAR ON CERTIFICATE)	<i>Business Name</i>
2. TYPE OF APPLICATION	<i>Indicate if application is new or a renewal</i>
3. EXPIRED PERMIT #	<i>Provide permit number if renewing</i>
4. TRADE NAME	<i>Any other name the business goes by</i>
5. EMPLOYER ID NUMBER	<i>As implied.</i>
6. ADDRESS	<i>Provide address of business</i>
7. LOCATION	<i>If business does not have a physical address</i>
8. PHONE NUMBER	<i>As implied</i>
9. EMAIL	<i>Required to be notified when your permit is going to expire.</i>
10. HOURS OF OPERATION	<i>Provide hours of operation</i>
11. DATE OPERATIONS TO COMMENCE	<i>Date operations are desired to commence</i>
12. BUSINESS TYPE	<i>Indicate the type of business</i>
13. INTERSTATE OR FOREIGN COMMERCE	<i>As implied</i>
14. TYPE OF EXPLOSIVES USED	<i>As implied</i>
15. TYPE OF EXPLOSIVE MATERIALS	<i>As implied</i>
16. PURCHASE OF EXPLOSIVES	<i>As implied</i>
17. TRANSPORT OF EXPLOSIVES	<i>As implied</i>
18. LOCAL PERMITS	<i>Are local permits required?</i>
19. EXPLOSIVE PURPOSE	<i>Type of activity requiring explosives</i>
20. QUANTITY OF EXPLOSIVE MATERIALS	<i>Amount of materials needed on hand for daily operations</i>
21. APPLICANT WILL STORE EXPLOSIVES?	<i>As implied</i>
22. MEET REQUIREMENTS OF NFPA 495?	<i>Only required if storing explosives</i>
23. LOCATION/DESCRIPTION OF STORAGE FACILITY	<i>Only required if storing explosives</i>
24. TYPE AND DESCRIPTION OF PORTABLE STORAGE	<i>Only required if storing explosives</i>
25. RESPONSIBLE PERSONS	<i>Must be filled out for every responsible person</i>
26. APPLICANT SIGNATURE	<i>Must be signed and dated</i>

Checklist

Have you completed and submitted the following?

- User Application
 Blaster or Handler Applications for all employees who will handle/use explosives
 Explosives Storage Site Permit (if applicable)

Failure to fill out all necessary forms will cause a delay in processing your application.

**OFFICE OF THE STATE FIRE MARSHAL
EXPLOSIVE USER PERMIT APPLICATION**

1. Name (to appear on certificate)							2. <input type="checkbox"/> New <input type="checkbox"/> Renewal	
							3. EXPIRED PERMIT #	
4. Trade Name, if any				5. Employer Identification				
6.								
Business Address			City,		State		Zip	County
7. Location (If no street address in item 6, show direction and distance from nearest P.O. or city limits)					8. Phone Number			
					9. Email:			
10. Hours of operation of Applicant's business								
Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	11. Date operations are desired to commence
Open								
Close								
12. The Applicant is: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (Specify) _____								
13. Is the Applicant presently engaged in operations involving interstate or foreign commerce in explosive materials for which a permit is required under 18 U.S.C. Chapter 40, explosives? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, show date operation was commenced								
14. Applicant intends to use <input type="checkbox"/> High Explosives <input type="checkbox"/> Low Explosives <input type="checkbox"/> Blasting Agents								
15. Applicant intends to use the following listed types of explosive materials (Dynamite, TNT, etc.)								
16. Applicant intends to purchase explosive materials in interstate or foreign commerce <input type="checkbox"/> Yes <input type="checkbox"/> No							If yes, state where	
17. Applicant intends to transport explosive materials in interstate or foreign commerce <input type="checkbox"/> Yes <input type="checkbox"/> No							If yes, state where	
18. Is county and/or municipality permit required for applicant operations? <input type="checkbox"/> Yes <input type="checkbox"/> No							If yes, give number of, if not obtained, date applied for	
19. Purpose for which explosive materials will be used								
	Coal Mining (Including construction on coal mining property)		Agriculture		Road Building		Seismographic Research	
	Other Mining or Quarrying		Construction		Oil Well Drilling	Other Lawful Activity (Specify)		
20. Specify quantity of explosive materials needed on hand for daily operations								
21. The Applicant will store explosives materials in Kansas (If yes, you must also complete items 22 through 24) <input type="checkbox"/> Yes <input type="checkbox"/> No								
COMPLETE FOLLOWING SECTION IF YOU WILL STORE EXPLOSIVES IN KANSAS (Attach Storage Application for each location)								
K.A.R. 22-4-5 which incorporates the provisions of NFPA 495 (2013) as regulations promulgated by the State Fire Marshal, states in part that "Explosive materials shall be kept in magazines which meet the requirements of Chapter 9 NFPA 495 (2013)." The Applicant must read and be familiar with these requirements.								
22. All of the storage facilities listed on the attached sheets, if any, meet the minimum requirements as set forth in NFPA 495 (2013) Chapter 9. <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No", explain on separate sheet)								
23. Location and description of each permanent storage facility (Attach separate sheet(s))								
24. Type and description of each portable or mobile storage facility (Attach separate sheet(s))								

RESPONSIBLE PERSONS INFORMATION

25. List information required for each individual, owner, partner, and other responsible persons in the Applicant's business (If additional space is needed, use a separate sheet.)

A.) Last Name: _____ First Name: _____ MI: _____
 Date of Birth: _____ Position _____ Driver's License or ID # _____ State _____
 Home Address _____ City _____ State _____ Zip _____
 Have you been convicted of a felony? No Yes Are you a U.S. Citizen? No Yes

B.) Last Name: _____ First Name: _____ MI: _____
 Date of Birth: _____ Position _____ Driver's License or ID # _____ State _____
 Home Address _____ City _____ State _____ Zip _____
 Have you been convicted of a felony? No Yes Are you a U.S. Citizen? No Yes

C.) Last Name: _____ First Name: _____ MI: _____
 Date of Birth: _____ Position _____ Driver's License or ID # _____ State _____
 Home Address _____ City _____ State _____ Zip _____
 Have you been convicted of a felony? No Yes Are you a U.S. Citizen? No Yes

D.) Last Name: _____ First Name: _____ MI: _____
 Date of Birth: _____ Position _____ Driver's License or ID # _____ State _____
 Home Address _____ City _____ State _____ Zip _____
 Have you been convicted of a felony? No Yes Are you a U.S. Citizen? No Yes

		No	Yes
Is applicant or any person named in item 25 above	A. Charged by information or under indictment in any court for a crime punishable by imprisonment for a term exceeding one year		
	B. A fugitive from justice		
	C. Under 18 years of age		
	D. An unlawful user of or addicted to marijuana, or any depressant, stimulant, or narcotic drug		
Has applicant or any person named in 25 ever	A. Been convicted in any court of a crime punishable by imprisonment for a term exceeding one year		
	B. Been adjudicated as a mental defective or been committed to any mental institution		

CERTIFICATION: Under the penalties imposed by KSA 21-3805, I declare that I have examined this application and documents submitted in support thereof, and to the best of my knowledge and belief, they are true, correct, and complete. I also certify that I am familiar with all published State laws and local ordinances relating to explosive materials for the location in which I intend to do business.

26. APPLICANT SIGNATURE _____

DATE _____

FOR OSFM USE ONLY

Permit # _____	REQ <input type="checkbox"/>	III <input type="checkbox"/>	_____
----------------	------------------------------	------------------------------	-------

RETURN COMPLETED APPLICATION(S) TO THE OFFICE OF THE STATE FIRE MARSHAL, ATTN: INVESTIGATION UNIT, 800 SW JACKSON STREET, SUITE 104, TOPEKA, KANSAS 66612. FAX NUMBER (785) 368-6559