

OFFICE OF THE STATE FIRE MARSHAL

800 SW JACKSON, STE 104, TOPEKA, KS 66612

(785) 296-3401; FAX (785) 368-6559

EXPLOSIVE DISTRIBUTOR PERMIT INSTRUCTIONS

Pursuant to K.A.R. 22-4-5, before a person sells, offers for sale, consigns, gives, imports, exports or otherwise furnishes explosive materials within the state to any other person, that person shall obtain a distributor permit from the state fire marshal.

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

1. NAME (TO APPEAR ON CERTIFICATE)	Business Name
2. PHYSICAL & MAILING ADDRESS	Business & Mailing address
3. EMPLOYER ID	Employer Identification Number
4. CONTACT INFORMATION	Provide at least one contact number. If you wish to be notified when your license expires, please provide an email address.
5. THE APPLICANT IS:	Indicate your business structure
6. APPLICANT INTENDS TO PURCHASE EXPLOSIVE MATERIALS IN INTERSTATE OR FOREIGN COMMERCE	As implied
7. APPLICANT INTENDS TO TRANSPORT EXPLOSIVE MATERIALS IN INTERSTATE OR FOREIGN COMMERCE	As implied
8. IS COUNTY AND/OR MUNICIPALITY PERMIT REQUIRED FOR APPLICANT OPERATIONS?	Provide number of local authority permit if applicable.
9. EXPLOSIVE STORAGE	If "yes", a storage application must accompany this application.
10. RESPONSIBLE PARTIES	Complete for all responsible parties. Attach additional sheets if necessary.
11. APPLICANT SIGNATURE	Must be signed or it will be returned.

Checklist

Have you completed and submitted the following?

- Distributor 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 DISTRIBUTOR PERMIT

New Application Renewal Application

EXPIRED PERMIT # _____

<p>1. NAME (TO APPEAR ON CERTIFICATE):</p> <p>_____</p> <p>Business Name</p>	<p>3. EMPLOYER ID #</p> <p>_____</p>
<p>2. PHYSICAL & MAILING ADDRESS:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>City _____ County _____ State _____ ZIP _____</p>	<p>4. CONTACT INFORMATION:</p> <p>Business: ()</p> <p>Fax: ()</p> <p>Email: _____</p>
<p>5. THE APPLICANT IS:</p> <p><input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (specify) _____</p>	
<p>6. APPLICANT INTENDS TO PURCHASE EXPLOSIVE MATERIALS IN INTERSTATE OR FOREIGN COMMERCE: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, state where: _____</p>	<p>9. STORAGE</p> <p>Applicant will store explosive material in Kansas?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>(if "yes" submit storage application)</p>
<p>7. APPLICANT INTENDS TO TRANSPORT EXPLOSIVE MATERIALS IN INTERSTATE OR FOREIGN COMMERCE: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, state where: _____</p>	
<p>8. IS COUNTY AND/OR MUNICIPALITY PERMIT REQUIRED FOR APPLICANT OPERATIONS?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes If yes, give number: _____</p>	
<p>10. RESPONSIBLE PERSONS INFORMATION: 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.) <input type="checkbox"/></p> <p>Last Name: _____ First Name: _____ MI: _____</p> <p>Date of Birth: _____ Position _____ Driver's License or ID # _____ State _____</p> <p>Home Address _____ City _____ State _____ Zip _____</p> <p>Have you been convicted of a felony? <input type="checkbox"/> No <input type="checkbox"/> Yes Are you a U.S. Citizen? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
<p><input type="checkbox"/></p> <p>Last Name: _____ First Name: _____ MI: _____</p> <p>Date of Birth: _____ Position _____ Driver's License or ID # _____ State _____</p> <p>Home Address _____ City _____ State _____ Zip _____</p> <p>Have you been convicted of a felony? <input type="checkbox"/> No <input type="checkbox"/> Yes Are you a U.S. Citizen? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
<p><input type="checkbox"/></p> <p>Last Name: _____ First Name: _____ MI: _____</p> <p>Date of Birth: _____ Position _____ Driver's License or ID # _____ State _____</p> <p>Home Address _____ City _____ State _____ Zip _____</p> <p>Have you been convicted of a felony? <input type="checkbox"/> No <input type="checkbox"/> Yes Are you a U.S. Citizen? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	

10. RESPONSIBLE PERSONS INFORMATION (continued)		
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? <input type="checkbox"/> No <input type="checkbox"/> Yes Are you a U.S. Citizen? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/>		
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? <input type="checkbox"/> No <input type="checkbox"/> Yes Are you a U.S. Citizen? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/>		
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? <input type="checkbox"/> No <input type="checkbox"/> Yes Are you a U.S. Citizen? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/>		
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? <input type="checkbox"/> No <input type="checkbox"/> Yes Are you a U.S. Citizen? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/>		
	No	Yes
Is applicant or any person named in item 10 above	A. Charged by information or under indictment in any court for a crime punishable by imprisonment for a term exceeding one year	<input type="checkbox"/>
	B. A fugitive from justice	<input type="checkbox"/>
	C. Under 18 years of age	<input type="checkbox"/>
	D. An unlawful user of or addicted to marijuana, or any depressant, stimulant, or narcotic drug	<input type="checkbox"/>
Has applicant or any person named in 10 ever	A. Been convicted in any court of a crime punishable by imprisonment for a term exceeding one year	<input type="checkbox"/>
	B. Been adjudicated as a mental defective or been committed to any mental institution	<input type="checkbox"/>
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.		
11. 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