

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

EXPLOSIVE STORAGE SITE PERMIT INSTRUCTIONS

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

1. NAME (TO APPEAR ON CERTIFICATE):	Name you want listed on certificate (Parent permit name unless you are a state or any political taxing subdivision)
2. ADDRESS:	Home address
3. USER PERMIT #	Permit Number of Business
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. TOTAL WEIGHT OF STORED MATERIALS:	As implied
6. STORAGE TYPE	Permanent or Temporary Storage
7. ADDRESS OF STORAGE:	All information must be filled out.
8. DESCRIBE EXACT LOCATION OF STORAGE AT STORAGE SITE:	You can also attach diagrams, maps, etc.
9. CONTACT PERSON (S) FOR EMERGENCIES:	As implied
10. AUTHORITY HAVING JURISDICTION	Must be signed off by local authority or application will be returned back to you.
11. APPLICANT SIGNATURE	Signature of Parent Permit Holder

Please allow up to 6 weeks for application processing.

Checklist

Have you completed and submitted the following?

- Explosive Storage Site Permit Application
- Has your application been signed off by **local** authority?
- User, Manufacturer or Distributor Permit Application

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

**OFFICE OF THE STATE FIRE MARSHAL
EXPLOSIVE STORAGE SITE PERMIT APPLICATION**

<input type="checkbox"/> New Application <input type="checkbox"/> Renewal Application
EXPIRED STORAGE PERMIT # _____
3. USER PERMIT # _____
4. CONTACT INFORMATION: Business: () _____ Fax: () _____ Email: _____
5. TOTAL WEIGHT OF STORED MATERIALS: _____

COMPLETE IN FULL - PRINT CLEARLY			
1. NAME (TO APPEAR ON CERTIFICATE): _____			
Business Name			
2. ADDRESS: _____ _____			
City	County	State	ZIP

6. <input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary (90 DAYS OR LESS)
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7. ADDRESS OF STORAGE:	CITY:	COUNTY:
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8. DESCRIBE EXACT LOCATION OF STORAGE AT STORAGE SITE: _____ _____ _____

9. CONTACT PERSON (S) FOR EMERGENCIES:
Name _____ 24 Hr. Phone () _____
Name _____ 24 Hr. Phone () _____
Name _____ 24 Hr. Phone () _____

FOLLOWING INFORMATION TO BE COMPLETED BY AUTHORITY HAVING JURISDICTION. LOCAL AUTHORITY MUST SIGN APPLICATION PRIOR TO SUBMISSION OR APPLICATION WILL BE DENIED.		
10.	_____	_____
LOCAL AHJ INSPECTOR SIGNATURE	AGENCY	DATE

Under the penalties imposed by K.S.A. 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.

11. APPLICANT SIGNATURE _____ DATE _____

FOR OSFM USE ONLY			
_____	_____		
OSFM INVESTIGATOR SIGNATURE	DATE		
Permit # _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">REQ</td> </tr> <tr> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table>	REQ	<input type="checkbox"/>
REQ			
<input type="checkbox"/>			

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