OFFICE OF THE STATE FIRE MARSHAL

800 SW JACKSON, STE 104, TOPEKA, KS 66612
(785) 296-3401; FAX (785) 368-6559

EXPLOSIVE MANUFACTURER PERMIT INSTRUCTIONS

Pursuant to K.A.R. 22-4-5, before a person manufactures explosive materials in the state, that person shall obtain a manufacturer 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?

- ☐ Manufacturer 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 MANUFACTURER PERMIT

☐ New Application ☐ Renewal Application

EXPIRED PERMIT #

1. NAME (TO APPEAR ON CERTIFICATE):

_____
Business Name

3. EMPLOYER ID #

2. PHYSICAL & MAILING ADDRESS:

_____

_____

_____
City County State ZIP

4. CONTACT INFORMATION:

Business: ( )
Fax: ( )

Email:

5. THE APPLICANT IS:

☐ Individual ☐ Partnership ☐ Corporation ☐ Other (specify)_____

6. APPLICANT INTENDS TO PURCHASE EXPLOSIVE MATERIALS IN INTERSTATE OR FOREIGN COMMERCE: ☐ No ☐ Yes If yes, state where:

7. APPLICANT INTENDS TO TRANSPORT EXPLOSIVE MATERIALS IN INTERSTATE OR FOREIGN COMMERCE: ☐ No ☐ Yes If yes, state where:

8. IS COUNTY AND/OR MUNICIPALITY PERMIT REQUIRED FOR APPLICANT OPERATIONS?

☐ No ☐ Yes If yes, give number:

9. STORAGE

Applicant will store explosive material in Kansas?

☐ No ☐ Yes

(if "yes" submit storage application)

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.)

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

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

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

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? ☐ No ☐ Yes Are you a U.S. Citizen? ☐ No ☐ Yes ☐

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 ☐

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 10 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 10 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.

11. APPLICANT SIGNATURE _____ DATE _____

FOR OSFM USE ONLY

Permit #	REQ ☐	III ☐	

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