

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.

