



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC SAFETY
DIVISION OF FIRE, EMERGENCY AND BUILDING SERVICES
OFFICE OF THE STATE FIRE MARSHAL

APPLICATION TO PURCHASE, TRANSPORT, AND USE EXPLOSIVES *

MUNICIPALITY _____ DATE _____

In accordance with the applicable statutes and regulations of the State of Connecticut, I hereby make application to purchase, transport, and use explosives.

1. _____
(Full name and address of person actually discharging explosives.)
2. _____
(Previous experience as a blaster including name of employer & dates.)
3. _____
(Full name and address of employer.)
4. _____
(Brief description of proposed blasting including location.)
5. _____
(State license for use.)
6. _____
(Method of transportation.) (Transport license number.)
7. _____
(Transport vehicle number and expiration date.) * *
8. _____
(Name and address of company supplying the explosives.)
9. _____
(Amount and type of explosives to be purchased, transported, and used.)
10. _____
(Call before you dig number.)
11. _____
(Insurance information. [where applicable])

I understand that any information given herein which I do not believe to be true, and which information is intended to mislead a public servant in the performance of his/her official duties, is a crime under C.G.S., Section 53a-157.

Signature of Applicant _____

PERMIT TO PURCHASE, TRANSPORT, AND USE EXPLOSIVES

MUNICIPALITY _____ DATE _____

In accordance with the applicable statutes and regulations of the State of Connecticut, permission is herewith granted to _____ to purchase, transport, and use explosives in accordance with the a foregoing application. This permit will expire on _____

Limited to any conditions? If so, state.

Signature of Fire Marshal _____

* NOTICE - Reverse side must be completed by supplier of the explosives.
** NOTICE - Vehicles must be inspected and licensed by the State Fire Marshal.
Information subject to false statement provisions of C. G. S. Section 53a- 1 57.

White Copy:	Permittee
Yellow Copy:	Local Fire Marshal
Green Copy:	State Fire Marshal

MUST CALL 203-938-2564 DAILY PRIOR TO BLASTING