



# 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

Form SPE2 ( Rev. 07/93)

MUST CALL 203-938-2564 DAILY PRIOR TO BLASTING

## **SUPPLIER OF EXPLOSIVES and/or DETONATORS**

All dealers supplying explosives or detonators, including blasting caps, in accordance with this permit shall indicate the date, quantity, and type of explosives or detonators supplied. No dealer shall supply explosives in excess of permitted quantity or after expiration date of the permit.

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 Connecticut General Statutes, Section 53a-157.

1. \_\_\_\_\_  
Name and address of dealer \_\_\_\_\_  
\_\_\_\_\_  
Quantity and type of explosives supplied \_\_\_\_\_  
Date supplied \_\_\_\_\_ Signature of agent \_\_\_\_\_

2. \_\_\_\_\_  
Name and address of dealer \_\_\_\_\_  
\_\_\_\_\_  
Quantity and type of explosives supplied \_\_\_\_\_  
Date supplied \_\_\_\_\_ Signature of agent \_\_\_\_\_

3. \_\_\_\_\_  
Name and address of dealer \_\_\_\_\_  
\_\_\_\_\_  
Quantity and type of explosives supplied \_\_\_\_\_  
Date supplied \_\_\_\_\_ Signature of agent \_\_\_\_\_

4. \_\_\_\_\_  
Name and address of dealer \_\_\_\_\_  
\_\_\_\_\_  
Quantity and type of explosives supplied \_\_\_\_\_  
Date supplied \_\_\_\_\_ Signature of agent \_\_\_\_\_

5. \_\_\_\_\_  
Name and address of dealer \_\_\_\_\_  
\_\_\_\_\_  
Quantity and type of explosives supplied \_\_\_\_\_  
Date supplied \_\_\_\_\_ Signature of agent \_\_\_\_\_

6. \_\_\_\_\_  
Name and address of dealer \_\_\_\_\_  
\_\_\_\_\_  
Quantity and type of explosives supplied \_\_\_\_\_  
Date supplied \_\_\_\_\_ Signature of agent \_\_\_\_\_