



VIRGINIA STATE FIRE MARSHAL'S OFFICE APPLICATION FOR PERMIT TO STORE EXPLOSIVES

ALL INFORMATION MUST BE PRINTED IN INK OR TYPEWRITTEN

1. Name of Applicant (<i>Full Name</i>):	2. Applicant Phone #:
3. Applicant Email address:	4. Applicant Mobile Phone#:
5. Trade or Business Name:	6. Business Phone #:
7. Premises Address (<i>No., Street, City, State, Zip Code</i>):	8. Fax #:
9. Mailing Address (<i>If different from address on Line 7</i>):	10. FEIN (Federal Employer Identification Number):
11. Location of storage site (<i>If no street address provide directions and distance from nearest road intersection</i>):	12. "Designated Individual" (<i>Full Name</i>): *See instructions for more information on "Designated individual" on page 5.
13. Card number:	(Photo copy of card is to be attached to this application.)

14. Has the Applicant and/or Designated Individual listed on Line 12 ever been convicted in any court of a Felony:

[] Yes [] No

- 15.** Total number of magazines that are listed on this application to be located at the site listed on Line 4:
- 16.** The storage of explosives under the permit being applied for will occur within the jurisdictional boundaries of:
 City County Town of (*Name*): _____
- 17.** Include the following as an attachment to this application (*Required*):
- Site diagram with distances indicated,
 - Copy of valid Bureau of Alcohol, Tobacco, Firearms and Explosives - ATF License(s) and Permit(s), and
 - Copy of valid corporate surety bond or certificate of public liability insurance in the principle sum of \$500,000

Magazine Information

Reproduce these pages as many times as necessary to list all magazines.

18. Magazine for Explosives (Powder)	19. Magazine for Detonators
18a. GPS coordinates of this magazine:	19a. GPS coordinates of this magazine:
18b. Magazine Type (<i>e.g. permanent, mobile/portable, indoor/outdoor, building, igloo, box, trailer, semitrailer</i>): ATF Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	19b. Magazine Type (<i>e.g. permanent, mobile/portable, indoor/outdoor, building, igloo, box, trailer, semitrailer</i>): ATF Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
18c. Magazine Identification Number (<i>See application instructions</i>):	19c. Magazine Identification Number (<i>See application instructions</i>):
18d. Magazine barricaded? <input type="checkbox"/> Yes <input type="checkbox"/> No	19d. Magazine barricaded? <input type="checkbox"/> Yes <input type="checkbox"/> No
18e. Maximum storage capacity of magazine (In terms of pounds):	19e. Maximum storage capacity of magazine (In terms of pounds):
18f. Maximum amount of explosives to be stored in magazine (In terms of pounds):	19f. Maximum number and weight of detonators to be stored in magazine (1,000 detonators = 1.5 lbs.) Number: _____ Weight: _____

<p>18g. Type of Explosives:</p> <p><input type="checkbox"/> High Explosives <input type="checkbox"/> Low Explosives</p> <p><input type="checkbox"/> Blasting Agents <input type="checkbox"/> Fireworks</p> <p><input type="checkbox"/> Black Powder <input type="checkbox"/> Other (<i>Specify</i>):</p> <p>_____</p>	<p>19g. Type of detonators to be stored:</p> <p><input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric</p> <p><input type="checkbox"/> Other (<i>Specify</i>):</p>
<p>18h. DOT Classification of explosives:</p>	<p>19i. DOT Classification of denators:</p>
<p>18i. NEAREST MAGAZINE information:</p> <p>Serial or Designation # of nearest magazine</p> <p>_____</p> <p>Distance to the nearest magazine</p> <p>_____</p> <p>This distance was (Check one) <input type="checkbox"/> Measured <input type="checkbox"/> Calculated using the GPS coordinates.</p>	<p>19i. NEAREST MAGAZINE information:</p> <p>Serial or Designation # of nearest magazine</p> <p>_____</p> <p>Distance to the nearest magazine</p> <p>_____</p> <p>This distance was (Check one) <input type="checkbox"/> Measured <input type="checkbox"/> Calculated using the GPS coordinates.</p>
<p>18j. NEAREST INHABITED BUILDING information:</p> <p>The distance to nearest inhabited building is:</p> <p>_____</p> <p>Nearest inhabited building: <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Healthcare <input type="checkbox"/> Education <input type="checkbox"/> Factory <input type="checkbox"/> Other:</p> <p>_____</p> <p>This distance was (<i>Check one</i>) <input type="checkbox"/> Measured <input type="checkbox"/> Calculated using the GPS coordinates.</p>	<p>19j. NEAREST INHABITED BUILDING information:</p> <p>The distance to nearest inhabited building is:</p> <p>_____</p> <p>Nearest inhabited building is: <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Healthcare <input type="checkbox"/> Education <input type="checkbox"/> Factory <input type="checkbox"/> Other:</p> <p>_____</p> <p>This distance was (<i>Check one</i>) <input type="checkbox"/> Measured <input type="checkbox"/> Calculated using the GPS coordinates.</p>
<p>18k. Notification to the local law enforcement agency, fire department, and local emergency planning committee / emergency management coordinator. (See application instructions)</p>	<p>19k. Notification to the local law enforcement agency, fire department, and local emergency planning committee / emergency management coordinator. (See application instructions)</p>

<p>Indicate notifications have been made by providing the indicated names and date(s) of notification:</p> <p>Law enforcement agency:</p> <p>_____ Date: _____</p> <p>Local fire department:</p> <p>_____ Date: _____</p> <p>Local emergency planning committee / emergency management coordinator:</p> <p>_____</p> <p>Date: _____</p>	<p>Indicate notifications have been made by providing the indicated names and date(s) of notification:</p> <p>Law enforcement agency:</p> <p>_____ Date: _____</p> <p>Local fire department:</p> <p>_____ Date: _____</p> <p>Local emergency planning committee / emergency management coordinator:</p> <p>_____</p> <p>Date: _____</p>
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By my signature below, I certify that the answers provided on and as part of this application are true, correct, and complete. I also certify that I am familiar with the Virginia Statewide Fire Prevention Code, Commonwealth of Virginia and Federal laws relating to explosive materials.

- I acknowledge that if a permit is issued it shall be valid only at the location listed within this application for a period of 12-months.
- I acknowledge that a permit is conditional upon continued compliance with the Statewide Fire Prevention Code, Commonwealth of Virginia and Federal laws.

<p>20. Signature of "Designated Individual" (<i>Individual listed on Line 12</i>):</p>	<p>21. Date:</p>
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The completed application and attachments are to be accompanied by the required and non-refundable fee of **\$250.00** for the first magazine, plus \$150 per additional magazine on the same site. Fee is to be paid in the form of a check or money order payable to the **TREASURER OF VIRGINIA** and is to be submitted to:

**Virginia Department of Fire Programs
State Fire Marshal's Office - Special Operations
1005 Technology Park Drive
Glen Allen, Virginia 23059-4500**

Application Instructions

(Do not return this page with the completed application)

ALL INFORMATION MUST BE PRINTED IN INK OR TYPEWRITTEN

Lines 1 & 2: Self-explanatory.

Line 3: Provide an email address to receive timely communications from the SFMO.

Lines 4 through 11: Self-explanatory.

Line 12: A “designated individual” is defined as “a person in possession of a *Background Clearance Card* (BCC) issued by the Virginia SFMO, a certified Virginia SFMO *Blaster*, or a certified Virginia SFMO *Pyrotechnician*.”

- **IMPORTANT:** In accordance with SFPC Section 5601.2.3.1, if the applicant’s designated individual changes or becomes no longer qualified to represent the applicant, the applicant shall notify the SFMO on the change of status. The notice is to be made prior to the use of any explosives. The SFMO may revoke or require the re-issuance of a permit based on a change of permit conditions or status or inability to provide another designated individual.

Line 13: Self-explanatory

Line 14: Pursuant to § 27-97.2 of the Code of Virginia any person - as an individual or as a representative of a company - who applies for a permit to manufacture, store, use, handle or sell explosives shall not have been convicted of any felonious act, or has had their rights restored by the Governor or other appropriate authority. Please indicate whether you, as the applicant and/or Designated Individual, have ever been convicted of a felonious act even if your civil rights have been restored.

Lines 15 & 16: Self-explanatory.

Line 17: Site diagram requires all applicable items below:

- The location of the magazine(s)
- The location and description of barricade.
- The location of nearest buildings and/or structures.
- The location of nearest hazardous materials.
- The location of nearest transportation routes (*roadway, railway, waterway, walking/bicycling trail/path, etc.*).
- The location of nearest utilities.

Lines 18/19 through 18b/19b: Self-explanatory

Line 18c/19c: The magazine identification number (*e.g. serial number or applicant designated number*) shall be etched, stamped, printed or otherwise permanently affixed and clearly visible on the exterior of the magazine.

Lines 18d/19d through 21: Self-explanatory

AN INCOMPLETE APPLICATION IS SUBJECT TO RETURN WITHOUT FURTHER PROCESSING