Federal Explosives License (FEL) RENEWAL Application

FEL No.: 
FEL Type: 

Renewal application DUE PRIOR TO: 
RENEWAL FEE DUE: 
CHECK OR MONEY ORDER
AMOUNT ENCLOSED (made payable to ATF)
AMOUNT AUTHORIZED TO BE CHARGED TO THE CREDIT/DEBIT CARD:

MAIL APPLICATION & PAYMENT TO: 
Federal Explosives Licensing Center
PO Box 6200-18
Portland, OR 97228-6200

Method of Payment (Check one):
☐ Check (Enclosed) ☐ Cashier’s Check or Money Order (Enclosed)
☐ Visa ☐ MasterCard ☐ American Express ☐ Discover ☐ Diners Club

Credit/Debit Card Number

Expiration Date

Name as it appears on credit/debit card

Signature of Applicant
Date

Your credit/debit card will be charged the above stated amount upon receipt of your application. The charge will be reflected on your credit/debit card statement. In the event a license or permit is NOT issued, the above amount will be credited to the credit/debit card as noted above.

NOT RENEWING

2. Check the box below and sign & date as the line provided.

☐ Am NOT renewing my license/permit and will submit my records to ATF.

I understand I may NOT engage in the business or operations authorized by my license/permit or after the expiration date of the license/permit.

Signature of Applicant
Date

Check here for change to your current FEL information AND complete the appropriate box below with the updated information.

NEW Licensee Name - Federal explosives licenses/permits (FEL/ps) are NOT transferable. If there has been a change in ownership or control of the explosives business or operations, you may NOT renew your FEL license to obtain a renewal/license permit. You MUST file a NEW application.

NEW Trade or Business Name, if any

NEW Premises Address*

NEW Mailing Address

NEW Telephone Number (business)
NEW Telephone Number (fax)
NEW 24-hour Emergency Telephone Number
NEW E-mail Address

* Using your trade or business name with ATF in no way registers such a name; you MUST comply with Federal, State, and local laws regarding trade or business name registration.

** You may operate at your NEW premises if notification is given to ATF 10 days prior to the move.

A. CURRENT FEL Information

Licensee Name/Name of Corporation
Trade or Business Name, if any

B. HOURS OF OPERATION and Availability of Business Activity (Please provide at least one hour in which you can be contacted by ATF personnel)

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☐ Closed ALL day NO business hours. ☐ Closed ALL day NO business hours. ☐ Closed ALL day NO business hours. ☐ Closed ALL day NO business hours. ☐ Closed ALL day NO business hours. ☐ Closed ALL day NO business hours. ☐ Closed ALL day NO business hours.

WARNING: You may NOT continue the operations authorized by your Federal Explosives license/permit (FEL/ps) on or after the expiration date of your license/permit UNLESS you have filed renewal application PRIOR TO

There are criminal penalties for continuing your explosives business or operation without renewing your license/permit.
C. Answer questions 1 - 4 by checking "yes" or "no" in the boxes to the right of the questions.

Interstate Purchase of Explosive Coupons (IPEC) ATF F 5406.30 (This question to be completed by type 60 limited permittees ONLY)

1. I have examined the remaining purchase coupons, and I have ___________ purchase coupons remaining. I have used ___________ purchase coupons. (Q 1. to be completed by type 60, limited permittee ONLY)

2. I have reviewed my latest Notice of Clearance (NOC), dated ___________, and ALL the listed responsible persons (RPs) and employee possessors (EPs) are correct. All changes or updates are needed. If the "NOC" is NOT accurate and needs to be updated, please return a copy of the latest NOC with this renewal application and include a statement showing the nature of the inaccurate or incomplete information. All CURRENT and NEW employee possessors MUST complete ATF Form 5400.28 Employee Possessor Questionnaire. You must complete Form 5400.28 Employee Possessor Questionnaire for ALL EPs that are active on your FEL, both CURRENT and NEW. If you need to ADD RPs, fingerprints and photos are required for EACH additional RP, along with their identifying information.

Storage Facility/Magazine Data (18 U.S.C. Section 842(j) provides: "It shall be unlawful for any person to store any explosive material in an manner not in conformity with regulations promulgated by the Attorney General." An application for a license/permit can be denied if upon investigation it is found that any storage facilities/magazines do not comply with federal regulations.

3. Do you have storage facilities/magazines to store your explosive materials? If NO, attach an explanatory statement explaining a contingency plan for the storage of unexpected surplus explosive materials.

4. Have your storage facilities been moved since submission of your last plan?

5. Please indicate the type of storage facility/magazine(s) you have and in which State(s) they are located:

State | Type 1 | Type 2 | Type 3 | Type 4 | Type 5
--- | --- | --- | --- | --- | ---
permanent | mobile/portable | portable/temporary | low explosives | blasting agents

D. The following questions apply to YOU and any other person who has the power to direct the management and policies of your explosives activities. Answer questions 6-14 by checking "yes" or "no" in the boxes to the right of the questions.

6. Have you ever been convicted in any court of a felony or any other crime for which the judge could have imprisoned you for more than one year, even if you received a shorter sentence, including probation?

7. Are you charged by information or under indictment for a felony or other crime for which the judge could imprison you for more than one year? An "information" is a formal accusation of a crime made by a prosecuting attorney.

8. Are you presently appealing a conviction of a crime punishable by imprisonment for a term exceeding one year?

9. Are you a fugitive from justice?

10. Are you an unlawful user of, or addicted to, any other drug which is subject to control under Federal law?

11. Have you ever been adjudicated mentally defective, which includes having been adjudicated incompetent to manage your own affairs, or been committed to any mental institution?

12. Have you been discharged from the Armed Forces under dishonorable conditions?

13. Are you an alien illegally or unlawfully in the United States?

14. Have you ever renounced your United States citizenship?

Under penalties imposed by 18 U.S.C. 844, I certify that the statements contained in this renewal application, and any attached statements, are true and correct to the best of my knowledge and belief:

Authorized Signature: ____________________________

Title: _______________________________________

Date: ____________________________

PRINTED NAME of signature above: ____________________________

Telephone no: ____________________________

PAPERWORK REDUCTION ACT NOTICE

This request is in accordance with the Paperwork Reduction Act of 1995. The information collection is used to determine location and extent of operations, and to determine whether the operations will be in conformity with Federal laws and regulations. The information requested is required to retain a benefit and is mandatory by statute (18 U.S.C 844).

The average burden associated with this collection is 21 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to Reports Management Officer, Resource Management Staff, Contracts and Forms Office, Bureau of Alcohol, Tobacco, Firearms and Explosives, 65 New York Ave., N.E., Washington, DC 20224.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB Office of Management and Budget control number.

Check Application Status (For ATF Use Only)

Approved __ Abandoned __

Denied ___ Withdrawn ___

Signature of Licensing Official: ____________________________

Date: ____________________________

Reason for Denial: ____________________________