

Application for Explosives License or Permit

Section A (Must be completed by all applicants.) Please print all information in block letters.		FOR ATF USE ONLY
1. Name of Applicant (If partnership, include name of each partner)		Attach 2" x 2" Photograph Here (See Instruction 8)
2. Trade Name or Business Name, if any	3. Employer Identification Number (EIN) or Social Security Number (SSN) (Voluntary-see Privacy Act Information)	
4. Name of County in Which Business is Located	5a. Premises Address (No., Street, City, State, Zip Code)	
5b. Mailing Address (If different from address in Item 5a.)		
6. Location (If no street address listed in Item 5a, provide directions and distance from nearest post officer or city limits)	7. Telephone Number (Include Area Code)	
Business () _____ Residence () _____ Emergency () _____ Fax () _____ E-Mail Address _____		
8. Are you presently engaged in a business and/or operations for which a license or permit is required under 18 U.S.C., Chapter 40, Explosives? (If yes, provide date business began.) <input type="checkbox"/> Yes/Date: _____ <input type="checkbox"/> No		
9. Is or will your business and/or operations be: (Check appropriate box)		
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other (Specify) _____		
10. Method of Payment (Check one)		
<input type="checkbox"/> Check (Enclosed) <input type="checkbox"/> Cashier's Check or Money Order (Enclosed) <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Diners Club		
Credit/Debit Card Number (No dashes)	Name as Printed on the Credit/Debit Card	Expiration Date (Month & year)
Credit/Debit Card Billing Address:	Address:	
	City:	State: Zip Code:
Please Complete to Ensure Payment is Credited to the Correct Application:		
I am Paying the Application Fee for the Following Person, Corporation, or Partnership :		Total Application Fees:
I Authorize ATF to Charge my Credit/Debit Card the Above Amount.		

 Signature of Cardholder _____
 Date

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

Responsible Person(s) List

11. Provide information for each individual owner, partner, and all other responsible persons (*See Definition 3*) in the trade or business operations identified in section A, block 2. List all names used by each responsible person (*i.e., nicknames, maiden name, name from previous marriage, etc.*) (*If additional space is needed use a separate sheet.*)

Full Name <i>(If the individual is an alien, also provide his/her U.S. -issued alien number or admission number.)</i> a	Position at Business b	Social Security Number <i>(Voluntary-will help prevent misidentification)</i> c	Home Address and E-mail Address <i>(Include ZIP Code)</i> d	Telephone Numbers <i>(Home/Work)</i> e	Date of Birth <i>(Month/Day/Year)</i> <i>(XX/XX/XXXX)</i> f	Place of Birth g	Country/Countries of Citizenship h	Sex i	Ethnicity j	Race <i>(Mark all that apply)</i> j
									Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islanders <input type="checkbox"/> White
									Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islanders <input type="checkbox"/> White
									Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islanders <input type="checkbox"/> White
									Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islanders <input type="checkbox"/> White
									Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islanders <input type="checkbox"/> White

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12. Application is made for an explosives license or permit under 18 U.S.C., Chapter 40, as an: (See definitions 5 through 9)

Explosives License	Fee	Renewal Fee	Explosives License	Fee	Renewal Fee
Manufacturer (Check the types of explosives you plan to manufacture:) <input type="checkbox"/> High Explosives <input type="checkbox"/> Low Explosives <input type="checkbox"/> Theatrical Flash Powder <input type="checkbox"/> Fireworks <input type="checkbox"/> Blasting Agents <input type="checkbox"/> Other (Specify) _____	\$200	\$100	User of Explosives (Check the types of explosives you plan to use:) <input type="checkbox"/> High Explosives <input type="checkbox"/> Fireworks <input type="checkbox"/> Blasting Agents <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Low Explosives	\$100	\$50
Importer (Check the types of explosives you plan to import:) <input type="checkbox"/> High Explosives <input type="checkbox"/> Fireworks <input type="checkbox"/> Blasting Agents <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Low Explosives	\$200	\$100	Limited Permit (Intrastate Only) (Check the types of explosives you plan to use:) <input type="checkbox"/> High Explosives <input type="checkbox"/> Fireworks <input type="checkbox"/> Blasting Agents <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Low Explosives	\$25	\$12
Dealer (Check the types of explosives you plan to deal in:) <input type="checkbox"/> High Explosives <input type="checkbox"/> Low Explosives <input type="checkbox"/> Blasting Agents <input type="checkbox"/> Fireworks <input type="checkbox"/> Black Powder <input type="checkbox"/> Other (Specify) _____	\$200	\$100			

Total Fees	\$
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13. Is a State or local license or permit required for explosive business and/or operations? (If yes, provide license/permit numbers; if applied for license/permit but not yet obtained, provide date of application.) Yes/Numbers or Date _____ No

14. Is the applicant or any person named in item 11; (All questions must be answered by checking the "Yes or "No" box.) (Give full details on a separate sheet for all "yes" answer in item 14.)

	Yes	No
a. A fugitive from justice?		
b. An unlawful user of, or addicted to, marijuana or any depressant, stimulant, or narcotic drug, or any other controlled substance?		
c. Under indictment or information in any court for a felony, or any crime, for which the judge could imprison that person for more than one year? (An information is a formal accusation of a crime by a prosecutor.) (See Definition 1.)		
d. An alien in the United States? (If "yes," attach an explanatory statement showing that the person is a lawful permanent resident or a lawful nonimmigrant or refugee/asylee.) (See Definition 2 and Exception 2.) <input type="checkbox"/> Statement Attached. If the individual is an alien, provide the U.S.-issued alien number or admission number in item 11.		
e. Presently appealing a conviction of a crime punishable by imprisonment for a term exceeding one year? (If "yes," attach an explanatory statement showing date of conviction, court in which convicted, and court in which appeal is pending.) <input type="checkbox"/> Statement Attached.		

15. Has the applicant or any person named in item 11 EVER: (Give full details on a separate sheet for all "yes" answers in item 15.)

	Yes	No
a. Been convicted in any court of a felony , or any other crime, for which the judge could have imprisoned that person for more than one year, even if he or she received a shorter sentence, including probation? (See Definition 1 and Exception 1.)		
b. Been adjudicated mentally defective (which includes having been adjudicated incompetent to manage his or her own affairs) or been committed to a mental institution?		
c. Been discharged from the Armed Forces under dishonorable conditions?		
d. Renounced his or her United States citizenship?		

Section B (Must be completed)

16. Hours of Operation and/or Availability of Business Activity (Please provide at least one hour in which you may be contacted by ATF Personnel.)

Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open							
Close							

17. Applicant's Business and/or Operation is Located in:
 A Commercial Building A Residence Other (Specify) _____

18. Applicant's Business and/or Operations Premises are:

Owned

A Leased/Rented*

Other (Specify) _____

19. Does User Permit Applicant Intend to Transport Explosive Materials in Interstate or Foreign Commerce? (If "yes," state where)

N/A No Yes _____

20. Does User Permit Applicant Intend to Purchase Explosive Materials in Interstate or Foreign Commerce? (If "yes," state where)

N/A No Yes _____

21. Do you Intend to Deal in Black Powder? Do You Have a Federal Firearms License? (If "yes," provide the Federal Firearms license number)

No Yes Federal Firearms License #:No _____

Storage Facility Data

Section 842(j), 18 U.S.C., provides "It shall be unlawful for any person to store any explosive material in a manner not in conformity with regulations promulgated by the Attorney General." Before applying for a license or permit, the applicant must read and be familiar with the requirements as set forth in 27 CFR, Part 555, Subpart K - STORAGE. **An application for a license will be denied if upon an investigation it is found that storage facilities are inadequate.**

22a. All of the applicant's storage facilities listed on the attached Explosives Storage Magazine Description Worksheet(s) and meet the minimum requirements as set forth in 27 CFR, Part 555, Subpart K - storage. (If "no" i.e., storage facilities do not meet minimum requirements) explain on separate sheet. (See Instruction 10.)

22b. Please indicate the total number of explosives storage magazine(s). _____

22c. If the applicant has no storage facilities, provide contingency plan for unexpected surplus explosive materials by completing Explosives Storage Magazine Description Worksheet Item J. (See Instruction 10.)

Section C - Certification (Must be completed by all applicants)

23. Under the penalties imposed by 18 U.S.C. 844, I certify that the answers are true, correct, and complete. I also certify that I am familiar with all published State laws and local ordinances relating to explosive materials for the location in which I intend to do business. In addition, if the application is for a Limited Permit, I certify that I will not receive explosives materials on more than 6 separate occasions during the 12-month period for which my limited permit is valid.

Applicant's Signature	Title	Date
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For Bureau of Alcohol, Tobacco, Firearms, and Explosives Use Only

24. Application is Reason for Disapproval/Termination

Approved Withdrawn*
 Disapproved* *(Fee will be refunded)

Signature of Licensing Official	Date
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Explosives Storage Magazine Description Worksheet
(Submit one for each magazine; you may photocopy for additional magazines)

For ATF Use Only

Global Positioning System (GPS)
Coordinates

Applicant name: _____

Magazine ID no: _____

State/local explosives magazine certificate number, if any _____

Storage magazine address: _____

A. Type of magazine (e.g., permanent, mobile/portable, indoor/outdoor, building, igloo, tunnel, dugout, box, trailer, semitrailer, or other mobile magazine): _____

ATF Type: (Check one) I II III IV V

B. Location of magazine and distance from licensed place of business and other magazine: _____

C. Distance to nearest storage magazine, regardless of ownership: _____

D. Describe terrain features, roads, structures, buildings, utilities, etc., that could be damaged if the contents of the magazine exploded: _____

E. Distance(s) between the magazine and the feature(s):

Indicate if magazine is: Barricaded Unbarricaded

Show distance in feet to: Closet highway: _____ Closet inhabited bldg: _____

 Closet passenger railway: _____

F. Materials, including thicknesses, used in construction of magazine:

Roof: _____ Top: _____ Walls: _____ Bottom: _____

Doors: _____ Floor: _____

G.

1. Security, physical safeguards, safety equipment, and anti-theft measures: _____

2. Locks (Check all that apply): Three-point Lock _____ Mortise Locks _____ Padlocks _____

3. If Padlocks: Shackle Diameter: _____ No. of Tumblers: _____ Steel Hoods: Yes _____ No _____ Case-hardened: Yes _____ No _____

H. Dimensions and capacity of magazine:

Capacity (in pounds or number of detonators): _____ Height _____ Length: _____ Width: _____

I. Explosives to be stored: Quantity or Weight _____

Class: High _____ Low _____ Blasting Agents _____ Detonators _____

J.

1. Magazine is (Check one): Owned Borrowed Leased Rented Contingency Plan

2. Owner of magazine if borrowed, leased, rented, or on contingency: _____

3. Address and phone number of owner: _____

K. Names and telephone numbers of persons who can open magazine for inspection: _____

L. Special conditions, such as difficulty accessing in winter, etc.: _____

M. A plat plan must be furnished, not necessarily to scale, which will indicate, at a minimum, (1) all buildings on the premises, and (2) all magazines identified, with distances between the magazines, as well as the distances between magazines and inhabited buildings, public highways, and passenger railways.

Prepared by: _____

Date: _____

(Name and Title)

All Applications are to be Submitted with Fees to:
Bureau of Alcohol, Tobacco, Firearms, and Explosives
P.O. Box 409567
Atlanta, GA 30384-9567

Instructions

1. Issuance of your license or permit under 18 U.S.C., Chapter 40, will be delayed if the fee is omitted or incorrect, or if the application is incomplete or otherwise improperly prepared. This application should be submitted at least 90 days prior to the time the license or permit is required.
2. Submit the original of this form (*either typewritten or printed legibly*) and total fees payable to the Bureau of Alcohol, Tobacco, Firearms, and Explosives to the post office box listed above. (**CAUTION: Submission of this application does NOT authorize you to engage in any of the activities covered by the requested license or permit. The license or permit must be received before operations commence.**) Include your social security or employer identification number on your check or money order.
3. If separate sheets are needed to respond to the questions, they must be identified with your name and address at the top of the page and reference the question number being explained.
4. A separate or additional license is not required for storage facilities operated by the applicant as an integral part of ones business premises, or to cover a location used by the applicant solely for maintaining required records.
5. One PERMIT is required for an individual or business entity to acquire use, or transport explosives.
6. A separate application and LICENSE fee are required for each premises on which explosives materials are, or will be, manufactured, imported, or distributed.
7. It is not necessary for a licensed manufactured or licensed importer (*for purposes of sale or distribution*) to also obtain a dealer's license in order to engage in business on his or her licensed premises as a dealer in explosives materials. In the case of a licensed manufacturer, a separate license is not required with respect to onsite manufacturing.
8. A photograph of each responsible person listed in item 11 MUST accompany this application. The photograph must be 2X2 inches in size, clearly showing a full frontal view of the features of the responsible person with head bare, with the distance from the top of the head to the point of the chin approximately 1 1/4 inches, and which shall have been taken within the last 6 months prior to the date of application.

A completed FD-258 (*Fingerprint Identification Card*) for each responsible person, including sole proprietors, MUST also accompany this application. The fingerprints must be clear for accurate classification and must be taken at a local law enforcement agency. In addition, if you are an alien, you must place your U.S. -issued alien number or admission number in the miscellaneous block of the FD-258.
9. This application must include the names and identifying information of EACH employee authorized to possess explosive materials in the course of his/her employment with the applicant. This information MUST be submitted on ATF F 5400.28, Employee Possessor Questionnaire, and included with submission of this application.
10. For item 22 use the attached Explosives Storage Magazine Description Worksheet to describe each storage facility (*magazine*). You may photocopy the worksheet if you have more than one magazine. For the purpose of this worksheet, "**barricade**" is defined as the effective screening of a magazine containing explosive materials from another magazine a building, a railway, or a highway, either by a natural barricade or by an artificial barricade. To be properly barricaded a straight line from the top of any sidewall of the magazine containing explosive materials to the eave line of any other magazine or building, or to a point 12 feet above the center of a railway or highway, will pass through the natural or artificial barricade. A "**contingency plan**" is required in the event the explosive materials cannot be used within the same day of receipt. For example, a sufficient "contingency plan" would include a letter or statement from someone having approved storage facilities allowing the applicant use of his facilities should the need arise.
11. The certification in item 23 must be signed (executed) by the owner, a partner, or in the case of a corporation, association, etc., by an officer duly authorized to sign for the applicant.
12. **If you have any questions relating to this application, please contact the ATF Federal Explosives Licensing Center, 244 Needy Road, Martinsburg, WV 25405, (877)283-3352, or review information online at www.atf.gov.**
13. If the application is approved, the ATF Federal Explosives Licensing Center (FLEC) will forward an explosives license or permit to you. If the application is denied, you will be advised in writing of the reason(s) for the denial. If the application is abandoned, denied, or withdrawn, your application fee will be refunded. However, in order to refund the fee, a social security number or employer identification number is REQUIRED.
14. Additional forms can be downloaded from ATF's website in Adobe PDF format at www.atf.gov/forms/download/atf-f5400-13.pdf. The form can be ordered using ATF's Online Distribution Center Order Form at www.atf.gov/dcof or by calling ATF's Distribution Center at (202) 648-6420.

Definitions

1. **Under Indictment or Information or Convicted in ANY Court.** An indictment, information, or conviction in any Federal, State, or local court.
2. **Alien.** An alien in the United States means any person who is not a citizen or national of the United States.
3. **Responsible Person.** An individual who has the power to direct the management and policies of the applicant pertinent to explosive materials. For example, responsible persons generally include sole proprietors and explosives facility site managers. In the case of a corporation, association, or similar organization, responsible persons generally include corporate directors and officers, as well as stockholders who have the power to direct management and policies.
4. **Employee Possessor.** An employee possessor is an individual who has **actual or constructive possession** of explosive materials during the course of his employment. **Actual possession** exists when a person is in immediate possession or control of explosive materials (*e.g., an employee who physically handles explosive materials as part of the production process; an employee who handles explosive materials in order to ship, transport, or sell them; or an employee, such as a blaster, who actually uses explosive materials*).

You Must Immediately Contact ATF To Report Lost or Stolen Explosives!
Call Toll Free: 1-888-ATF-BOMB

Privacy Act Information

The following information is provided pursuant to Sections 3 and 7(b) of the Privacy Act of 1974 (5 U.S.C. 552a(e)(3));

- Constructive possession** exists when an employee lacks direct physical control over explosive materials, but knowingly has the power and intention to exercise dominion and control over the explosive materials, either directly or indirectly through others (e.g., an employee at construction site who keeps keys for magazines in which explosive materials are stored or who directs the use of explosive materials by other employees,).
- A User Permit.** A User Permit authorizes the holder, on a continuing basis, to acquire for his own use and not for resale, explosive materials from an explosives licensee in interstate or foreign commerce, and to transport explosive materials so acquired in interstate or foreign commerce. A User Permit is issued for 3 years and is renewable.
 - Limited Permit.** A limited permit authorizes the holder to receive for his use explosive materials from a licensee or permittee in his State of residence on no more than 6 occasions during the 12-month period in which the permit is valid. A limited permit does not authorize the receipt or transportation of explosive materials in interstate or foreign commerce.
 - Manufacturer.** Any person engaged in the business of manufacturing explosive materials for purposes of sale or distribution or for his own use.
 - Importer.** Any person engaged in the business of importing or bringing explosive materials into the United States for purposes of sale or distribution.
 - Dealer.** Any person engaged in the business of distributing explosive materials at wholesale or retail.
 - High Explosives.** Explosive materials which can be caused to detonate by means of a blasing cap when unconfined (for example, dynamite).
 - Low Explosives.** Explosive materials which can be caused to deflagrate when confined (for example, black powder).
 - Blasting Agents.** Any material or mixture, consisting of fuel and oxidizer, intended for blasting, not otherwise defined as an explosive: Provided that the finished product, as mixed for use or shipment, cannot be detonated by means of a numbered eight test blasing cap when unconfined (for example, ammonium nitrate fuel oil).

Note: There are now five broad categories of explosives license and permits that shall determine the type of business each licensee or permittee is engaged in: Manufacturer of Explosives, Dealer of Explosives, Importer of Explosives, User of Explosives, and Limited Permit (*Intrastate Only*).

Exceptions

- A person who has been convicted of a felony, or any other crime, for which the judge could have imprisoned the person for more than one year, is not prohibited from shipping, transporting, possessing, or receiving explosives if: (1) the conviction was properly invalidated by a court on the basis that the conviction was unconstitutional; (2) in the case of a Federal conviction, the person received a Presidential pardon; or (3) ATF granted relief from Federal explosives disabilities under 18 U.S.C. 845(b) 27 CFR 555.14.2
- For purposes of this form, aliens can be responsible persons if they are lawful permanent residents or lawful nonimmigrants (or refugees/asylees). 18 U.S.C. 842(d)(7); (i)(5).

- Authority.** Solicitation of this information is made pursuant to 18 U.S.C. 843(a). Disclosure of this information by the applicant is mandatory if the applicant wishes to obtain a Federal explosives license or permit.
- Purpose.** To identify the applicant; to identify the location of the premises; to determine the eligibility of the applicant to obtain such license or permit; to determine the ownership of the business or operations; and to identify responsible persons in the business or operations.
- Routine uses.** The information will be used by ATF to make a determination as set forth in paragraph 2. In addition, information may be directly disclosed to other Federal, State, foreign and local law enforcement and regulatory agency personnel to verify information on the application and to aid in the performance of their duties with respect to the regulation of explosives unless such disclosure is prohibited by law. Finally, the information may be disclosed to members of the public in order to verify the information on the application where such disclosure is not prohibited by law.
- Effects not supplying the requested information.** Failure to supply complete information will delay processing and may cause denial of the application.
- Disclosure of social security number.** Disclosure of the individual's social security number is voluntary. Under 18 U.S.C. 842(f), 843, and Executive Order 9397, November 22, 1943, ATF has the authority to solicit an individual's social security number. The number may be used to verify the individual's identity.

Paperwork Reduction Act Notice

This request is in accordance with the Paperwork Reduction Act of 1995. The information collection is used to determine the eligibility of the applicant to engage in certain operations, to determine the 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 obtain or retain a benefit and is mandatory by statute (18 U.S.C. 843).

The estimated average burden associated with this collection is 1 hour and 30 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, Document Services Section, Bureau of Alcohol, Tobacco, Firearms, and Explosives, Washington, DC 20226.

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 control number.