



# JOHN D'AGOSTINI

SHERIFF – CORONER – PUBLIC ADMINISTRATOR  
COUNTY OF EL DORADO  
STATE OF CALIFORNIA

## EXPLOSIVES APPLICATION

Application and Permit No.: \_\_\_\_\_ Application Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

CDL: \_\_\_\_\_ Social Security: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Notification: \_\_\_\_\_ Phone: \_\_\_\_\_

Vehicle for Transportation: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ License: \_\_\_\_\_

Who and by what means will explosives be transported?

Activity: Manufacture \_\_\_\_\_ Store: \_\_\_\_\_ Use: \_\_\_\_\_ Sell: \_\_\_\_\_ Dispose: \_\_\_\_\_

Operate Terminal: \_\_\_\_\_ Park Vehicle: \_\_\_\_\_

Material-Type of Explosive: \_\_\_\_\_ Quantity: \_\_\_\_\_ lbs

\_\_\_\_\_ Quantity: \_\_\_\_\_ lbs

Describe storage facility and where located (provide a detailed map with directions to the site):

Where will explosives be detonated?

Who will be using the explosives? (Provide copy of Blaster's License if one has been obtained from CALOSHA.)

I, the undersigned, certify that I understand and will abide by all Federal, State and Local laws, ordinances, rules or orders to perform those acts noted herein. I also understand that all unused inventory covered by the permit on or before the expiration will be disposed of in the following manner: (1) returned to source, (2) totally destroyed, or (3) turned over to the authority issuing the permit or reapply for a new permit.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

This permit is granted on \_\_\_\_\_ to perform those activities noted above and will expire on \_\_\_\_\_ (not to exceed one (1) year maximum). The permittee is limited to perform these activities \_\_\_\_\_ times or during the tenure of the permit, subject to the conditions noted below.

**THIS PERMIT IS NOT TRANSFERABLE.**

Restrictions: \_\_\_\_\_

Authorized El Dorado County Sheriff's Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**Fee Collected:** \_\_\_\_\_