



BLASTING/EXPLOSIVES PERMIT APPLICATION



5 GILICK WAY OROVILLE, CA 95965 530-538-7321
(SEE SECTION 12007 HEALTH & SAFETY CODE)

MINIMUM 7 DAY WAITING PERIOD

\$151 FEE DUE AT TIME OF APPLICATION
***ADDITIONAL STATE/CO FEE APPLY**

DATE OF APPLICATION	<input type="checkbox"/> NEW APPLICATION <input type="checkbox"/> RENEWAL	*FEES (<100 LBS = \$2.00, >100 LBS = \$10.00)	PERMIT EXPIRATION (ONE YEAR FROM APPROVAL DATE UNLESS OTHERWISE NOTED)
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APPLICANT INFORMATION

NAME (LAST, FIRST, M.I.)		HAIR	EYE	HEIGHT	WEIGHT	SEX	DOB/AGE (21 MINIMUM)
RESIDENCE ADDRESS		CITY		STATE	ZIP	RESIDENCE PHONE	
MAILING ADDRESS <input type="checkbox"/> SAME AS ABOVE		CITY		STATE	ZIP	MOBILE PHONE	
BUSINESS ADDRESS <input type="checkbox"/> SAME AS ABOVE		CITY		STATE	ZIP	BUSINESS PHONE	
DRIVER LICENSE NUMBER	STATE	EXPIRATION DATE	LAST 4 DIGITS OF SSN	BLASTER LICENSE NUMBER			
HAVE YOU BEEN CONVICTED OF ANY CRIME WITHIN THE PAST FIVE (5) YEARS OF THIS APPLICATION? <input type="checkbox"/> NO <input type="checkbox"/> YES (DETAILED EXPLANATION REQUIRED, ATTACH SEPARATE SHEET)							

APPLICATION DETAILS

PROPOSED PHYSICAL ADDRESS FOR PERMIT (AP NUMBER OR LAT/LONG COORDINATES IF NO PHYSICAL ADDRESS EXISTS)					
APPLICANT REPRESENTED					
APPLICANT STATUS (CHECK ONE ONLY)					
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> CO-PARTNERSHIP <input type="checkbox"/> FIRM <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> CORPORATION					
TRANSPORTATION VEHICLE MAKE	MODEL	YEAR	LICENSE NUMBER	STATE	NAME OF TRANSPORTER (IF OTHER THAN APPLICANT)
TRAVEL ROUTE AND SAFE STOPPING LOCATIONS					
ACTIVITY				*Terminal approvals shall be forwarded to:	
<input type="checkbox"/> USE <input type="checkbox"/> SELL OR OTHER DISPOSE <input type="checkbox"/> OPER. TERMINAL* <input type="checkbox"/> STORE <input type="checkbox"/> MANUFACTURE <input type="checkbox"/> PARKED VEHICLE <input type="checkbox"/> RECEIVE AND/OR TRANSPORT				CALIFORNIA HIGHWAY PATROL Motor Carrier Safety Section 2611 26 th Street Sacramento, CA 95814	
TYPE(S) OF EXPLOSIVES	QUANTITY (LBS)	HOW AND/OR WHERE STORED		HOW AND/OR WHERE USED	

APPLICATION REQUIREMENTS

Please submit a copy of the following documents with your application and fee:

- CALIFORNIA DRIVER LICENSE
- FEDERAL EXPLOSIVES LICENSE/PERMIT (DOJ 18 USC)
- CALIFORNIA STATE BLASTER LICENSE
- CERTIFICATE OF ELIGIBILITY
- CORPORATE SURETY BOND OF \$2,000,000 or PUBLIC LIABILITY INSURANCE POLICY IN THE MINIMUM PRINCIPAL SUM OF \$100,000 PER OCCURRENCE, DEPENDING ON TYPE OF BLASTING
- SITE MAP OF BLAST LOCATION, INDICATING ACCESS TO THE SITE, SURROUNDINGS, AND WATER SUPPLY
- NAME(S) OF PROPERTY OWNER(S) GIVING PERMISSION FOR SEISMIC BLASTING ON PROPERTY
- A COPY OF REQUIRED PERMITS (i.e. WELL, MINING, etc.)

I UNDERSTAND THAT ANY OMISSION OR FALSIFICATION ON THIS APPLICATION WILL BE GROUNDS TO DENY A PERMIT

APPLICANT SIGNATURE _____ DATE _____