

**Department of Public Safety**

**STATE FIRE MARSHAL’S OFFICE**

52 State House Station

Augusta, ME 04333-0052

Tel. (207) 626- 3880 Fax: (207) 287-6251

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| **APPLICATION FOR INSPECTION OF VEHICLE TO TRANSPORT EXPLOSIVES** |
| APPLICANT MUST FILL OUT REQUIRED INFORMATION BELOW*FEE $83.00 FOR EACH VEHICLE* |



**OWNER INFORMATION**

OWNERS NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ USER #: \_\_\_\_\_\_\_\_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY/TOWN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_ ZIP CODE: \_\_\_\_\_\_\_\_\_\_

TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VEHICLE INFORMATION**

MAKE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MODEL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YEAR: \_\_\_\_\_\_\_\_\_\_

GROSS VEHICLE WEIGHT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OWNER’S VEHICLE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ REGISTRATION #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_

**The vehicle must have the following material and information on board for inspection:**

 **□ Current Bureau of Motor Vehicles inspection sticker.**

 **□ Two tested and inspected fire extinguishers:**

 **For vehicles with less than 14,000 lbs. GVW combined capacity of 4-A: 20BC**

 **For vehicles with 14,000 lbs. or greater GVW combined capacity of 4-A: 70BC**

 **□ Proper mounting brackets and proper placards for Class A or Class B explosives.**

 **□ All required federal permits and licenses.**

 **□ A copy of the current Explosives User Permit.**

I certify, under penalty of law, that the information given in this application is correct and complete to the best of my knowledge.

SIGNATURE OF APPLICANT: DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_

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| ↓ DEPARTMENT OF PUBLIC SAFETY USE ONLY **↓** |
| $83.00 Fee Rec’dDate: | Sent to Inspector:Date: | Inspected By:Date: | Permit #:Date: | \_\_\_\_\_ Approved Failed\_\_\_\_\_ Inspection |