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

APPLICATION FOR EXPLOSIVES USER PERMIT

APPLICANT MUST FILL OUT ALL REQUIRED INFORMATION BELOW

The fee for a User Permit is $30.00 for three years. Fees for the required background checks are $21.00 per person using or handling explosives. Changes in personnel shall be reported to the Office of State Fire Marshal with-in 48 hours.

COMPANY NAME: _____ USER #: _____

BUSINESS ADDRESS: _____ TELEPHONE: _____

TOWN: _____ STATE: _____ ZIP CODE: _____

E-MAIL: _____ FAX: _____

OWNER: _____ ___/___/_____
LAST FIRST M.I. DATE OF BIRTH

HOME ADDRESS: _____ TELEPHONE: _____

TOWN: _____ STATE: _____ ZIP CODE: _____

CITIZENSHIP: ☐ U.S. CITIZEN ☐ RESIDENTIAL ALIEN

The following information and materials must be submitted with this application before the application can be processed.
*A certificate of insurance in the amount of $500,000.00 showing the Office of State Fire Marshal as the holder. The certificate must state that the "State Fire Marshal will be notified at least 10 days prior to any cancellation."
*A list of names and date of births of all employees using or handling explosives. Please use page two of this application.

1) Are all employees that transport, handle, and use explosives over the age of 21 years? YES _____ NO _____

2) Are you or any of your employees that use, transport or handle explosives under indictment for, or have been convicted of, a crime punishable by imprisonment for a term exceeding one year? YES _____ NO _____
If yes, employee name: _____

3) In the past five years have you been convicted of any of the following crimes? Family Abuse, failure to meet family support obligations, 3 or more class D or class E crimes, 3 or more civil violations, or any other violation with records indicating applicant has engaged in recklessness or negligence that endangered the safety of others? YES _____ NO _____

4) Have any of your previous explosives user permits been revoked for any reason? YES _____ NO _____

NOTICE: THE COMMISIONER OF PUBLIC SAFETY, THE MUNICIPAL FIRE DEPARTMENT AND OTHER EMERGENCY RESPONSE AGENCIES SHALL BE NOTIFIED OF THE LOCATION OF ALL MAGAZINES AND SHALL BE NOTIFIED OF ANY CHANGES IN LOCATION. EXCEPTION: TRUCK MOUNTED MAGAZINES USED FOR TRANSPORTATION ONLY.

In accordance with the provisions of R.S., Title 25, Sec 2473, as amended, application is hereby made for a permit to use or handle explosives. A background records check will be conducted on company owner and employees. Misrepresentation will be grounds for automatic disapproval of permit. By signing this application, the applicant is authorizing the Office of State Fire Marshal to check criminal history.

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: _____

↓DEPARTMENT OF PUBLIC SAFETY USE ONLY ↓			
FEE REC'D: DATE:	TEST GIVEN:	PERMIT #:	PERMIT ISSUED DATE: