STATE OF CONNECTICUT DEPARTMENT OF PUBLIC SAFETY

DIVISION OF FIRE, EMERGENCY AND BUILDING SERVICES

OFFICE OF THE STATE FIRE MARSHAL

APPLICATION TO PURCHASE, TRANSPORT, AND USE EXPLOSIVES *

MUNICIPALITY_ DATE In accordance with the applicable statutes and regulations of the State of Connecticut. hereby make application to _____ purchase, _____ transport, and _____ use explosives. 1. (Full name and address of person actually discharging explosives.) 2. (Previous experience as a blaster including name of employer & dates.) 3. (Full name and address of employer.) 4. (Brief description of proposed blasting including location.) 5. (State license for use.) 6. (Method of transportation.) (Transport license number.) 7. (Transport vehicle number and expiration date.) * * 8. (Name and address of company supplying the explosives.) 9. (Amount and type of explosives to be purchased, transported, and used.) 10. (Call before you dig number.) 11. (Insurance information. [where applicable]) I understand that any information given herein which I do not believe to be true, and which information is intended to mislead a public servant in the performance

Signature of Applicant

of his / her official duties, is a crime under C.G.S., Section 53a-157.

PERMIT TO PURCHASE, TRANSPORT, AND USE EXPLOSIVES

MUNICIPALITY		DATE		
In accordance with the applicable statutes a	nd regulations	of the State of Con	necticut, permission is h	nerewith
granted to	to	purchase,	transport, and	use
explosives in accordance with the aforegoing application. This permit will expire on				
Limited to any conditions? If so, state.				
Signa	ture of Fire Ma	rshal		

* **NOTICE** - Reverse side must be completed by supplier of the explosives. ** **NOTICE** - Vehicles must be inspected and licensed by the State Fire Marshal. Information subject to false statement provisions of C. G. S. Section 53a-157.

Permittee		
Local Fire Marshal		
State Fire Marshal		

Form SPE2 (Rev. 07/93)