



Mashantucket Pequot Department of Fire and Emergency Services
Office of the Fire Marshal

Application To Purchase, Transport Or Use Explosives

I hereby make application to:

Purchase explosives Transport explosives Use explosives

Applicant – Person Discharging Explosives

Full Legal Name: _____

Address: _____

Name of Employer: _____

Address of Employer: _____

License Information: _____

Applicant's Previous Blasting Experience

Name of Previous Employer: _____

Address of Previous Employer: _____

Dates of Employment: _____

Full Address of Employer: _____

Proposed Scope of Work

Description of Activity: _____

Location of Blast: _____

Method of Transportation

Brief Description: _____

Transport License Number: _____

Transport Vehicle Number: _____

Transport Vehicle Expiration Date: _____

Explosives Supplier's Information

Supplier's Name (company): _____

Supplier's Address: _____

Supplier's Phone: _____

Name of Primary Contact Person: _____

NOTE: use page three to disclose details about proposed explosives to be purchased, transported and/or used.

Call Before You Dig (CBYD)

CBYD Case Number: _____

Active Dates: _____

Insurance Information

Have you provided a copy of your Certificate of Insurance? YES NO

As the applicant, I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the MPTN Fire Marshal may nullify approval.

Applicant Signature: _____ Date: _____

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In accordance with the laws and regulations of Mashantucket, permission is granted to:

Purchase explosives  Transport explosives  Use explosives

Conditions of Approval: \_\_\_\_\_

This permit will expire on: \_\_\_\_\_

\_\_\_\_\_  
MPTN Fire Chief/MPTN Fire Marshal

\_\_\_\_\_  
Date

**Supplier of Explosives and/or Detonators**

*All dealers supplying explosives or detonators, including blasting caps, in accordance with this permit shall indicate the date, quantity, and type of explosives or detonators supplied. No dealer shall supply explosives in excess of permitted quantity or after expiration date of the permit.*

By signing as an agent, 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 of his/her official duties, is a crime.

Name and address of dealer: \_\_\_\_\_

Quantity and type of explosives supplied: \_\_\_\_\_

Date supplied: \_\_\_\_\_

Signature of Agent: \_\_\_\_\_

Name and address of dealer: \_\_\_\_\_

Quantity and type of explosives supplied: \_\_\_\_\_

Date supplied: \_\_\_\_\_

Signature of Agent: \_\_\_\_\_

Name and address of dealer: \_\_\_\_\_

Quantity and type of explosives supplied: \_\_\_\_\_

Date supplied: \_\_\_\_\_

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Signature of Agent: \_\_\_\_\_