

## STATE OF CONNECTICUT

INECTICU 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 regularies hereby make application to purchase,	· · · · · · · · · · · · · · · · · · ·
(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.	n.)
( State license for use.)	
( Method of transportation.) ( T	ransport license number.)
7. (Transport vehicle number and expiration date.) * *	
8. (Name and address of company supplying the explosive	es.)
9. (Amount and type of explosives to be purchased, transp	ported and used )
10.	
( Call before you dig number.)	
(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 of his/her official duties, is a crime under C.G.S., Section 53a-157.	
Signature of Applicant	
PERMIT TO PURCHASE, TRANSPORT, AND USE EXPLOSIVES	
MUNICIPALITY	DATE
In accordance with the applicable statutes and regulations of the State of Connecticut, permission is herewith	
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.	
Signature of Fire Marshal	

\* 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.

White Copy: Yellow Copy: Permittee

Green Copy:

Local Fire Marshal State Fire Marshal