

# SIERRA COUNTY SHERIFF

PO BOX 66  
Downieville, CA 95936  
530-289-3700

## APPLICATION AND PERMIT

### EXPLOSIVES

<b>Application/Permit No#.</b>				Application Date:				
Permit Date: _____ Completed after DOJ clearance on applicants without cert of eligibility; completed when issued for those with cert of eligibility. All finger print charges included in fee.				<input type="checkbox"/> <b>Without Current DOJ Certificate of Eligibility</b> Complete Application & Permit Form Requires 3 sets of finger prints Hold until DOJ clearance \$104.00 fee collected		<input type="checkbox"/> <b>With Current DOJ Certificate of Eligibility</b> Complete Application & Permit Form No fingerprints required \$25.00 fee collected Issue copy of permit to applicant; retain Original and two copies for Sheriff's use		
Name:		Place of Birth		Date of Birth:		Soc Sec #: - -		
Street address or PO Box:								
City			State		Zip			
Age:	Hgt	Wgt	Eye	Hair	DL#	St.		
Business Name:		Veh Make:		Model:		Year:	Lic#	State:
Activity	Manufacture: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Store: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Receive/Transport <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Use: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Sell or Dispose of: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Operate Terminal <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Park Veh: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Route of Travel and Safe Stopping Places:								
Type of Explosive:		Qty...:		lbs				
How and/or Where Stored:								
How and/or where used:								

I the undersigned, certify that I understand and will abide by all Federal, State and Local Laws. Ordinances, Rules or orders to preform those acts noted herein. I also understand that all unused inventory covered by the permit on or before the expiration date will be disposed of in the following manner.

1. Returned to source
2. Totally destroyed
3. Turned over to the authority issuing the permit, or reapply for a new permit.

\_\_\_\_\_  
(APPLICANT SIGNATURE #1)

### APPROVAL OF APPLICATION

This permit is granted on \_\_\_\_\_ To perform those activities noted above, and will expire \_\_\_\_\_  
Date (Maximum of 1 year)

The permittee is limited to perform these activities at all times during the tenure of the permit subject to the conditions noted below.  
**THIS PERMIT IS NOT TRANSFERABLE.**

RESTRICTIONS: \_\_\_\_\_

ISSUING AUTHORITY: \_\_\_\_\_

## APPLICATION AND PERMIT EXPLOSIVES

Name:			Age:
Address:			
City:	State:	Zip:	
SPECIFIC MAP LOCATION:	Township:            N. <b>Latitude:</b>	Range:                E. <b>Longitude:</b>	1/4, Section        mden
General Location:			

### SPECIAL PROVISIONS

- . This permit is valid only on land owned or legally controlled by the permittee.
- . The permittee shall comply with all explosives laws, ordinances, and regulations.
- . This permit is now and hereafter suspended at all times of critical fire weather conditions declared by the State Forester and posted at the office issuing this permit or by proclamation of the governor pursuant to section 4297 of the Public resources Code. Such suspension does not extend the expiration date of this permit.
- . At the Location of each blasting operation authorized by this permit, at least one able bodied adult person shall be in attendance and remain on watch for fire for at least one hour after explosives have been detonated.
- . Use only Electronic Detonators for all surface blasting.
- . This permit does not relieve the permittee of any duty to use reasonable and ordinary care to prevent damage to property of others, or injury to persons as prescribed by law.
- . This permit is not transferable or assignable and does not survive to an executor or administrator.

I, the undersigned, certify that I understand and will abide by all the above requirements.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(APPLICANT SIGNATURE #2)

Please make in duplicate

- 1 cc Permittee
- cc Ranger
- cc Dept of Justice.

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