

TUOLUMNE COUNTY SHERIFF'S OFFICE

**Bill Pooley, Sheriff-Coroner
28 N. Lower Sunset Drive
Sonora, Ca 95370**

APPLICATION FOR EXPLOSIVES PERMIT

Application Date: _____ Date Permit Issued: _____ DOJ No: _____

APPLICANT INFORMATION

Name: _____ Residence & Mailing Address: _____
DOB: _____ Hgt: _____ Wgt: _____ Eyes: _____ Hair: _____ Sex: _____
Phone(s) (Home/Work): _____ CDL No: _____

ORGANIZATION BEING REPRESENTED

Organization Name: _____
Residence/Mailing Address: _____
Phone(s) (Work): _____

TRANSPORTATION VEHICLE

Make: _____ Model: _____ Year: _____ License No: _____
State Registered In: _____
Travel route & safe stopping places: _____

ACTIVITY (Check All That Apply)

Manufacture Store Receive and/or transport
Use Sell or otherwise dispose Oper. Terminal*
Parked Vehicle

MATERIAL (Requires Exact Information)

Type(s) of Explosive: _____ Qty (lbs): _____
How is it being stored? _____
Storage location street address: _____
How is it being used? _____
Usage location street address: _____

REQUESTOR CERTIFICATION:

I, the undersigned, certify that I understand and will abide by all Federal, State and Local laws, ordinances, rules or orders to perform these 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: returned to source, totally destroyed, turned over to the authority issuing the Permit, or a new Permit will be requested.

Requestor's Signature: _____

FOR INTERNAL USE ONLY

This Permit is granted on _____ to perform these activities noted above and will expire _____. The Permit Requestor is limited to perform these activities at all times or during the tenure of the Permit, subject to the conditions noted below. This Permit is not transferrable.

Issuing Authority

Sheriff's Clerk

RESTRICTIONS: MUST CONTACT LOCAL HIGHWAY PATROL FOR TRANSPORTATION ON ROADWAYS.

Distribution: Issuing Agency: Original; Permit Requestor: 2 Copies; State Division of Forestry: 1 Copy; Sergeant Issuing Permit Term: 1 Copy

*Approval shall be forwarded to: California Highway Patrol, Motor Carrier Safety Division