



**Office of the State Fire Marshal
State Fire Marshal**

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Elizabeth Tanner, Esq.
Director
Department of Business Regulations

Timothy P. McLaughlin
State Fire Marshal
Office of the State Fire Marshal

Application for Explosive Dealers Permit

* Indicates required information

***Application Date**

\$50.00 Fee must be attached

New Permit

Place check mark ⇨

Renewal of Permit #

Explosives Company Location

*Company Name _____

*Address _____

*City _____ State RI *Zip _____

*Phone _____

Explosives Company Owner

*Title _____

*First Name _____ *Last Name _____

*Address _____

*City _____ *State _____ *Zip _____

*Phone _____

Applicant

*Title _____

*First Name _____ *Last Name _____

*Address _____

*City _____ *State _____ *Zip _____

*Date of Birth _____ Social Security# _____

*Phone _____

Is business a corporation or association? yes ⇨ no ⇨

*If yes was checked the following is required to be filled out.

Partner

*Title _____
*First Name _____ *Last Name _____
*Address _____
*City _____ *State _____ *Zip _____
*Date of Birth _____ *Social Security# _____
*Phone _____

Partner

*Title _____
*First Name _____ *Last Name _____
*Address _____
*City _____ *State _____ *Zip _____
*Date of Birth _____ *Social Security# _____
*Phone _____

Partner

*Title _____
*First Name _____ *Last Name _____
*Address _____
*City _____ *State _____ *Zip _____
*Date of Birth _____ *Social Security# _____
*Phone _____

*Applicant Signature