



RHODE ISLAND DEPARTMENT OF PUBLIC SAFETY

State Fire Marshal

1951 Smith Street, North Providence, RI 02911
Telephone: (401) 383-7717 — Fax: (401) 415-8608

Colonel Ann C. Assumpico
Director, Department of Public Safety
Superintendent, Rhode Island State Police

John E. Chartier, EFO
State Fire Marshal
Division 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 _____



RHODE ISLAND DEPARTMENT OF PUBLIC SAFETY

State Fire Marshal

1951 Smith Street, North Providence, RI 02911
Telephone: (401) 462-4200 — Fax: (401) 415-8608

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Director, Department of Public Safety
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Application for Explosive Dealers Permit

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