



**RHODE ISLAND DEPARTMENT OF PUBLIC SAFETY**

**State Fire Marshal**

560 Jefferson Boulevard, Warwick, RI 02886  
Telephone: (401) 889-5555 — Fax: (401) 889-5533

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 Manufacturer Permit**

\* indicates required information

**\*Application Date**

\$85.00 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 Primary Contact**

\*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**

560 Jefferson Boulevard, Warwick, RI 02886  
Telephone: (401) 889-5555 — Fax: (401) 889-5533

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 Manufacturer 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