



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

560 Jefferson Boulevard, Warwick, RI 02886
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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 Possessors Permit

* Indicates required information

\$50.00 fee must be attached

***Application Date** _____

***Bond #** _____ ***Expires** _____

New Permit

Place check mark ⇨

Renewal of Permit # _____

Owner of Magazine Location

*Company Name _____

*Address _____

*City _____ State _____ Zip _____

*Phone _____

Explosives Magazine Location

Location Name _____

Plat _____ Lot _____

*Latitude _____ *Longitude _____

*Address _____

*City _____ State RI *Zip _____

*Number of Main Magazines _____

*Number of Cap Magazines _____

Applicant

*Title _____

*First Name _____ *Last Name _____

*Address _____

*City _____ *State _____ *Zip _____

*Date of Birth _____ Social Security# _____

*Phone _____

Is business a corporation or partnership? * YES ⇨ NO ⇨

*If "Yes," the following information is required.

Partner(s)/Officer(s)

First Name _____ Last Name _____
Address _____
City _____ State _____ Zip _____

Partner(s)/Officer(s)

First Name _____ Last Name _____
Address _____
City _____ State _____ Zip _____

Partner(s)/Officer(s)

First Name _____ Last Name _____
Address _____
City _____ State _____ Zip _____

Partner(s)/Officer(s)

First Name _____ Last Name _____
Address _____
City _____ State _____ Zip _____

*Applicant Signature