



**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 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 \_\_\_\_\_



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**Application for Explosive Possessors Permit (continued)**

**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