STATE OF STAND

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 Explosives Transport Permit

* Indicates required information

*Application Date		\$1	00.00 fee must be attach	ed
<u>Applicant</u>				
*Company				
*First Name	*Last Name			
*Address				
*City	*St	ate	*Zip	-
*Phone				
Vehicle Owner				
*Company Name				
*First Name	*Last Name			
*Address				
*Address *City	*S	tate	_*Zip	
*Phone				
Vehicle Information				
*Plate Type (please check one)				
□-Commercial □-Combination □	1- Passenger Vehi	icle □-O	ther	
*Registration State				
*Vehicle Make				
*VIN #				
*Registration Expiration				
*Vehicle Style (please check one)				
□-Cargo-Truck □-Box-Truck □		□-Tank	Truck □-Utility Body	
□-Other			- · ·	

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Application for Explosives Transport Permit

Vehicle Operator			
*Title			
*First Name	*Last Name		
*Address			
*City	*State	*Zip	
*Drivers License Issued State		<u>-</u>	
*Drivers License Expiration Date_			
*Date of BirthS			
*Phone			
*Applicant Signature			