



The Commonwealth of Massachusetts  
 Executive Office of Public Safety and Security  
 Department of Fire Services



FP-081  
 REVENUE CODE 3090

P.O. Box 1025 ~ State Road  
 Stow, Massachusetts 01775  
 (978) 567~3100 Fax: (978) 567~3199

**APPLICATION FOR LICENSE TO SELL BLACK OR SMOKELESS POWDER**

**NEW** \_\_\_\_\_ **RENEWAL SP#** \_\_\_\_\_

**I. APPLICATION INSTRUCTIONS**

Follow the instructions below to complete the Application for a License to Sell Black or Smokeless Powder:

1. Type or print in black ink all items on this form and sign the form in Section V.
2. Include a notarized statement on company letterhead indicating that these explosive materials shall be stored according to the requirements of 527 CMR 1.00.
3. Include payment of \$100.00 for a **NEW** license made payable to the Commonwealth of Massachusetts. Include payment of \$50.00 for a **RENEWAL** license made payable to the Commonwealth of Massachusetts.
4. Include a legible copy of your current drivers license.
5. If you sell Black Powder, include a legible copy of your current ATF Permit.
6. Complete and have notarized the CORI request form.
7. This application MUST be filled out by the owner or a principle of the company.
8. **This application MUST be signed by the Head of the Fire Department in the city or town where the Black or Smokeless Powder will be sold. (Section VI.)**
9. All applications must be submitted to the Office of the State Fire Marshal's Office at least 30 days prior to expiration of your current license.

**II. APPLICANT INFORMATION**

Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last) (First) (Middle) (Month) (Day) (Year)

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City/Town, State, Zip: \_\_\_\_\_

Mailing Address (If Different): \_\_\_\_\_  
P. O. Box or Street City/Town, State, Zip

Social Security Number: \_\_\_\_\_ Are you a U.S. Citizen: { } YES { } NO

Email Address \_\_\_\_\_

**(All renewal notices will be sent electronically, not by regular mail, effective immediately.)**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_ Sex: \_\_\_\_\_

**III. LICENSE TO SELL BLACK OR SMOKELESS POWDER**

Name of Firm or Corporation making application: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address (If Different): \_\_\_\_\_  
P. O. Box./Street

City/Town, State, Zip: \_\_\_\_\_

My current (if Renewal) MA License to Sell Black or Smokeless Powder expires on: \_\_\_\_\_

Indicate whether or not you are selling Black Powder. { }YES { }NO  
If yes, please include a legible copy of your current ATF Permit.

In accordance with Title 18, United States Code, Chapter 40, I possess a valid Federal Explosive User Permit { }YES { }NO

My Federal Explosive User Permit Number is: \_\_\_\_\_

**IV. GENERAL**

Have you ever been convicted in any state or federal court of a crime punishable by imprisonment for a term exceeding one year? (Whether or not you actually served time) { }YES { }NO

Have you ever been admitted to any hospital or institution for mental illness? { }YES { }NO

Have you ever been convicted in any state or federal jurisdiction of any controlled substance law? { }YES { }NO

Have you ever been ordered by a court to receive treatment for drug or alcohol abuse? { }YES { }NO

Have you ever had a license, permit or right to use explosives suspended or revoked in any state or federal jurisdiction? { }YES { }NO

Are you currently taking any medication which may impair your ability to safely conduct a licensed activity? { }YES { }NO

Have you ever been involved in any incident(s) resulting from the use of explosives which resulted in personal injury or property damage? { }YES { }NO

***All questions must be answered.  
Any question answered "Yes" must be explained on an attached sheet of paper.***

**V. APPLICANT CERTIFICATION**

I attest that I have reviewed and am familiar with all Commonwealth of Massachusetts Explosives Laws and Regulations, and all federal laws and regulations relative to the transportation, possession and use of explosive materials. I hereby consent to the release of all personal records containing data relative to this application, maintained by any individual or agency. I certify that I am authorized to execute this application.

PURSUANT TO MASSACHUSETTS GENERAL LAWS, CHAPTER 62C, SECTION 49A, I CERTIFY UNDER THE PENALTIES OF PERJURY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, I HAVE FILED ALL STATE TAX RETURNS AND PAID ALL STATE TAXES REQUIRED UNDER LAW.

**I declare under the penalty of perjury that the statements and information provided herein are true as of the date of this application. I am aware that there are significant penalties for submitting false information, including possible fines, civil penalties and imprisonment.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**VI. FIRE DEPARTMENT ENDORSEMENT**

Applicant has met all local licensing and permitting requirements for the storage and sale of Black or Smokeless Powder:

Head of Fire Department: (Please Print) \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# CORI REQUEST FORM

The Department of Fire Services, Office of the State Fire Marshal (Agency #820), has been certified by the Criminal History Systems Board for access to general use/CJIS records: Applicant/Employee Information (Please Print)

|                                      |  |                      |
|--------------------------------------|--|----------------------|
| _____                                | _____  | _____                |
| Last Name                            | First Name   | Middle Name          |
| _____                                |  | _____                |
| Maiden Name or Alias (if applicable) |  | Place of Birth       |
| _____                                | _____  | _____                |
| Date of Birth                        | Social Security Number<br>(requested but not required) | Mother's Maiden Name |

Former Residential Addresses:

\_\_\_\_\_  
\_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_ ft. \_\_\_ in. Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Drivers License: State \_\_\_\_\_ Number: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

**Statement of Notary Public:**

The above information was verified by reviewing the following form of government issued photographic identification:

\_\_\_\_\_  
\_\_\_\_\_ ss: Date: \_\_\_\_\_

Before me, then personally appeared the above named Affiant, \_\_\_\_\_ who acknowledged, by his signature, the foregoing Affidavit and Endorsement to be true and to be the Affiant's free act and deed.

Notary Signature: \_\_\_\_\_  
Notary Name (printed): \_\_\_\_\_  
Commission Expiration Date: \_\_\_\_\_

(Seal)

Requested By: \_\_\_\_\_  
Signature of CORI Authorized Employee  
(MA State Police Assigned)