



Department of Fire Services  
Commonwealth of Massachusetts

Application for License to Sell Explosives (FP-078)

CIRCLE ONE: NEW RENEWAL LS# \_\_\_\_\_

**I. APPLICATION INSTRUCTIONS**

Follow the instructions below to complete the Application for a License to Sell Explosives:

- Type or print in black ink all items on this form and sign the form in Section V;
- Include payment of \$1000.00 for a **NEW** license made payable to the Commonwealth of Massachusetts. There is a returned check charge of \$15.00 assessed under the provisions of 801 CMR 4.08.
- Include payment of \$250.00 for a **RENEWAL** license made payable to the Commonwealth of Massachusetts. There is a returned check charge of \$15.00 assessed under the provisions of 801CMR 4.08.
- This application must be filled out by the owner or a principle of the company.
- Include a legible copy of your current driver's license.
- Complete both pages of the CORI Request Form. This must be notarized.
- Include a copy of your valid ATF License/Permit.

**All applications must be submitted to the Division of Fire Safety at least 30 days prior to expiration. Incomplete applications will be returned. Any delay in the issuance of a license or permit, due to an incomplete filing, will be the sole responsibility of the applicant.**

**II. APPLICANT INFORMATION**

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

Federal Employer Identification Number (FEIN): \_\_\_\_\_

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

Mailing Address (if different): \_\_\_\_\_  
P. O. Box,/Street

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

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

Email Address: \_\_\_\_\_  
**(All renewal notices are sent electronically, not by regular mail)**

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

Position Held: \_\_\_\_\_ How Long Employed at This Position: \_\_\_\_\_

How many continuous years have you been associated with the explosives industry? \_\_\_\_\_

**Mail completed application to: Department of Fire Services • Attn: Licensing Desk**

Department of Fire Services • P.O. Box 1025, 1 State Road, Stow, MA 01775  
978-567-3375 • [www.mass.gov/dfs](http://www.mass.gov/dfs)

FP-078 Rev. 1/18  
Revenue Code 3140

### III. LICENSE TO SELL EXPLOSIVES

(Repeat) Name of Firm/Corporation making application: \_\_\_\_\_

My current (if renewal) Massachusetts License to Sell Explosives number is: \_\_\_\_\_ Expires on: \_\_\_\_\_

My current Massachusetts Explosives User's Certificate number is: \_\_\_\_\_ Expires on: \_\_\_\_\_

In accordance with Title 18, United States Code, Chapter 40, I possess a valid Federal Explosive Importer, Manufacturer or Dealer License. { } YES { } NO

My Federal Importer, Manufacturer or Dealer License Number is: \_\_\_\_\_

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: \_\_\_\_\_

If explosives are stored in Massachusetts, what is/are your Explosives Storage Magazine Permit number(s)

\_\_\_\_\_

### 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?

***All questions must be answered.***

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

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## 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, including but not limited to 18 U.S.C. 40, and 27 C.F.R. 555, as amended. 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: \_\_\_\_\_

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## 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 (requested but not required)	Mother's Maiden Name

Former Residential Addresses:

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

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

(Seal) Notary Signature: \_\_\_\_\_  
Notary Name (printed): \_\_\_\_\_

Commission Expiration Date: \_\_\_\_\_  
\_\_\_\_\_

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