



Department of Fire Services
Commonwealth of Massachusetts

Application for License to Sell Black or Smokeless Powder (FP-081)

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 driver's 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 (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)