



Office of the Sheriff

1400 E. Main Street, Quincy, California 95971 • (530) 283-6375 • Fax 283-6344

APPLICATION PERMIT/EXPLOSIVES

APPLICATION AND PERMIT NO. _____ APPLICATION DATE _____

FEE: \$ 28.00 (MIN. 7 DAY WAITING PERIOD) PERMIT DATE _____

PERMITTEE:

PHONE NO. _____ SOC. SECURITY NO. _____

NAME: _____ ADDRESS: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

AGE: _____ HEIGHT: _____ WEIGHT: _____ EYES: _____ HAIR: _____ SEX: _____

REPRESENTING: _____ DRIVERS LIC.NO. _____

VEHICLE FOR TRANSPORT:

MAKE: _____ MODEL: _____ YEAR: _____ LIC. _____

STATE REGISTRATION: _____ TRAVEL ROUTE AND SAFE STOPPING PLACES: _____

ACTIVITY:

MANUFACTOR: _____ STORE: _____

RECEIVE/TRANSPORT: _____ USE: _____

SELL/OTHERWISE DISPOSE: _____ PARK VEHICLE: _____

MATERIAL:

TYPE OF EXPLOSIVE: _____ QUANTITY: _____

HOW AND/OR WHERE STORED: _____

HOW AND/OR WHERE USED: _____

I, THE UNDERSIGNED, CERTIFY THAT I UNDERSTAND AND WILL ABIDE BY ALL FEDERAL STATE AND LOCAL LAWS, ORDINANCES, RULES OR ORDERS TO PERFORM THOSE ACTS NOTED HERIN. I ALSO UNDERSTAND THAT ALL UNUSED INVENTORY COVERED BY THE PERMIT ON OR BEFORE THE EXPERATION DATE WILL BE DISPOSED OF IN THE FOLLOWING MANNER: (1) RETURNED TO SOURCE, (2) TOTALLY DESTROYED, (3) TURNED OVER TO THE AUTHORITY ISSUING THIS PERMIT OR REAPPLIES FOR A NEW PERMIT.

APPROVAL

THIS PERMIT IS GRANTED ON _____ TO PERFORM THOSE ACTIVITIES NOTED ABOVE, AND WILL EXPIRE _____ (MAX 1 YEAR FROM DATE OF ISSUE) THE PERMITTEE IS LIMITED TO PERFORM THESE ACTIVITIES _____ NUMBER OF TIMES, OR DURING THE TENURE OF THE PERMIT, SUBJECT TO THE CONDITIONS NOTED.

RESTRICTIONS:

1. USE ONLY ELECTRIC CAPS ABOVE GROUND. MINING ONLY.
2. FUSE TYPE CAPS PERMISSIBLE IN UNDERGROUND
3. CHECK WITH U.S. FOREST SERVICE PRIOR TO ANY BLASTING

THIS PERMIT IS NOT TRANSFERABLE

APPLICANT'S SIGNATURE

PLUMAS CO. SHERIFF

NAME OF SUPPLIER _____
ADDRESS _____
(STREET) (STATE) (ZIP)

DATE PURCHASED _____

PLUMAS COUNTY CALIFORNIA

INFORM GIRE PRECAUTION WHEN USING EXPLOSIVES IN UNICORPORATE AREAS. HEALTH AND SAFETY CODE 12101. APPLICABLE UPON NOTICE TO END OF DECLARED WILDLAND FIRE SEASON:

- 1) ELECTRIC CAPS SHALL BE USED EXCLUSIVELY UNLESS FUSED CAPS ARE SPECIFICALLY AUTHORIZED (a) UNDERGROUND, OR (b) ABOVE GROUND. BY DATE AND PLACE OF USE WITH SITE SPECIFIC RESTRICTIONS, INCLUDING 50 FOOT CLEARANCE OF FLAMMABLE FUELS.
- 2) WHEN BLASTING WITHIN ANY SLASH OR FLAMMABLE FUEL AREAS A WATCHMAN EQUIPPED WITH A SIZE 0 OR LARGER SHOVEL WITH AN OVERALL LENGTH OF NOT LESS THAN 46 INCHES AND A FILLES, OPERATIONAL BACKPACK CAN WITH AT LEAST 4 GALLONS OF WATER, SHALL INSPECT THE IMMEDIATE AREA FOR ONE AFTER ANY USE OF EXPLOSIVES.
- 3) SURFACE BLASTING WITHIN FLAMMABLE FUEL AREA SHALL BE DISCONTINUED WHEN THE ACTUAL BURNING INDEX EXCEEDS "60" AS MEASURED BY THE RESPONSIBLE FIRE AGENCY. (REACHES ADJECTIVE VERY HIGH)

THIS IS TO VERIFY THAT I HAVE READ, UNDERSTAND, AND WILL COMPLY WITH THE ABOVE HEALTH AND SAFETY CODE.

SIGNATURE: _____ **DATE:** _____

MAGAZINE/STORAGE AREA INSPECTION

INSPECTED BY: _____ **DATE:** _____
(PRINTED NAME)

SIGNATURE: _____

DISTRIBUTION:

1. PERMITTEE
2. ISSUING AUTHORITY
3. STATE DEPARTMENT OF JUSTICE, SACRAMENTO
4. CHIEF FIRE AUTHORITY WHERE EXPLOSIVES ARE TO BE STORED OR USED

TERMINAL APPROVALS SHALL BE FORWARDED TO:

CALIFORNIA HIGHWAY PATROL
MOTOR CARRIER SAFETY SECTION
P.O. BOX 898
SACRAMANTO, CA. 95804

PLEASE PROVIDE COPIES OF LISTED ITEMS WITH YOUR APPLICATION.
THANK YOU!

- ATF DOCUMENTATION
- STATE LICENSE/PERMIT DIVISION OCCUPATIONAL SAFETY AND HEALTH
- HAZARDOUR MATERIALS TRANSPORTATION LICENSE
- CERTIFICATE OF LIABILITY INSURANCE
- CERTIFICATE OF ELIGIBILITY
- COPY OF DRIVERS LICENSE