



SAN BENITO COUNTY SHERIFF'S OFFICE

2301 TECHNOLOGY PARKWAY HOLLISTER, CALIFORNIA 95023
PHONE: 831-636-4080 FAX: 831-636-1416

Darren Thompson
Sheriff- Coroner

EXPLOSIVES APPLICATION AND PERMIT

Permit #: _____	Application Date: _____
Permit Issued: _____ (Minimum 7 day waiting period)	
Fee (mark (X) which one applies)	
() Initial Application \$200.00	() Renewal Application \$30.00

APPLICANT INFORMATION

Name; Last _____ First _____ Middle _____
Home Address _____
City: _____ County _____ State _____
DOB: _____ Age: _____ Hgt: _____ Wgt: _____ Eyes: _____ Hair: _____
Drivers Lic. No. _____ State: _____ SS# _____
Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____
Business Name: _____
Business Address: _____
City: _____ County _____ State _____
Vehicle For Trans: Make _____ Model: _____ License No. _____
State of Registration: _____ Travel Routes & Safe Stopping Places: <i>Listed on separate page</i>
Activity: (Check all that applies) Manufacture (), Store (), Receive and/or Transport (), Use (), Sell or Otherwise Dispose (), Operating Terminal/Location: _____
Parked Vehicle Location: _____
Material: Type of Explosive: _____
How and or where stored: _____
How and or where used: _____

APPROVAL (1yr. max. from date of issue)

This permit is granted on (Date) _____ to perform those activities noted above, and will expire on (Date) _____. The permittee is limited to perform those activities unlimited times during the tenure of the permit, subject to any restrictions attached. Restrictions YES () NO (). Void if any Federal, State, or Local laws are violated. Permittee must possess valid Federal, State, & Local permits.

By: _____
Darren Thompson, Sheriff-Coroner

Distribution: Original to Permittee, Copies: Issuing Authority (SBSO), Department of Justice, Firearms Div. (Sacramento), San Benito County Fire Marshal.

