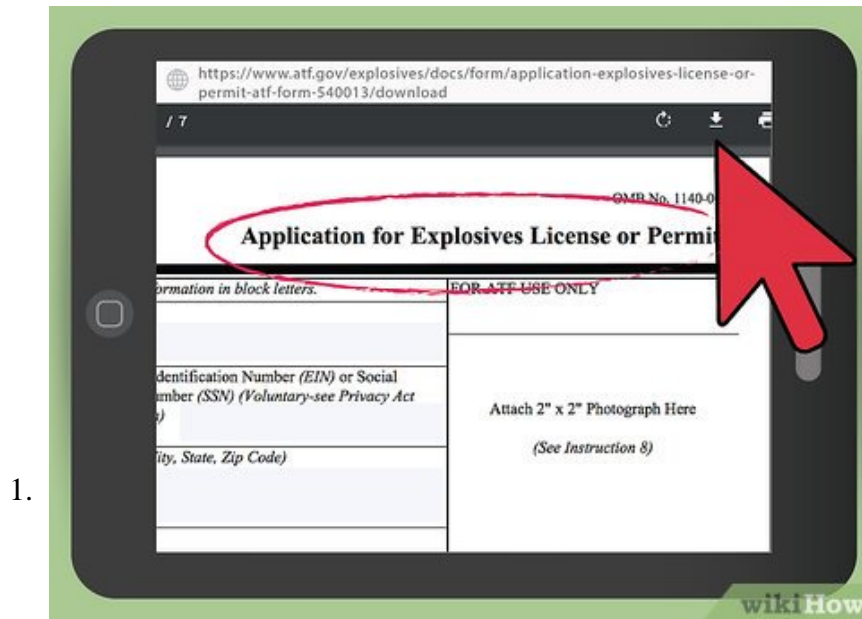


# How to Get a Federal Explosives License

Getting a federal explosives license requires that you complete multiple forms and provide the federal agency with a photograph and fingerprints. You can download the forms from the website for the Bureau of Alcohol, Tobacco, Firearms, and...

Part 1 of 3:

## Completing an Application



**Download the application.** You need to complete an 'Application for Explosives License or Permit,' which is available from the Department of Justice's Bureau of Alcohol, Tobacco, Firearms and Explosives website.

1. You can either print the form out and write in your information or you can enter the information into a PDF on your computer before printing it out.
2. If you print, then use all block letters.

OMB No. 1140-0070

**Explosives Application for Explosives License or Permit**

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OMB No. 1140-0070

**Explosives Application for Explosives License or Permit**


*(Required by all applicants.) Please print all information in block letters.*

1. Name of Applicant (If partnership, include name of each partner)		FOR ATF USE ONLY
2. Trade Name or Business Name, if any	3. Employer Identification Number (EIN) or Social Security Number (SSN) (Voluntary-see Privacy Act Information)	Attach 2" x 2" Photograph Here (See Instruction 8)
4. Name of County in Which Business is Located	5a. Premises Address (No., Street, City, State, Zip Code)	
5b. Mailing Address (If different from address in Item 5a.)		NOTE: A completed FD-258 (Fingerprint Identification Card) must accompany this application. (See Instruction 8).
6. Location (If no street address listed in Item 5a, provide directions and distance from nearest post office or city limits)		
7. Telephone Number (Include Area Code)		

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2.

**Complete multiple applications, if necessary.** One permit is required for an individual or business to acquire, use, or transport explosives. However, you need to submit a separate application and license fee for each premises on which you will manufacture, import, or distribute explosives.



U.S. Department of Justice  
Bureau of Alcohol, Tobacco, Firearms and Explosives

**Application for Explosive**

*Section A (Must be completed by all applicants.) Please print all information in block letters.*

1. Name of Applicant (If partnership, include name of each partner)		FOR ATF USE ONLY
2. Trade Name or Business Name, if any	3. Employer Identification Number (EIN) or Social Security Number (SSN) (Voluntary-see Privacy Act Information)	Attach 2" x 2" Photograph Here (See Instruction 8)
4. Name of County in Which Business is Located	5a. Premises Address (No., Street, City, State, Zip Code)	
5b. Mailing Address (If different from address in Item 5a.)		NOTE: A completed FD-258 (Fingerprint Identification Card) must accompany this application. (See Instruction 8).
6. Location (If no street address listed in Item 5a, provide directions and distance from nearest post office or city limits)		
7. Telephone Number (Include Area Code)		
		Business Residence

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3.

**Provide personal information.** The form will ask for basic information about you and your business in Section A. If you need additional space for any item, then include a sheet of paper with your name and address at the top, and clearly identify the item the additional information refers to. Required personal information includes:

1. Name
2. Trade or business name
3. Social Security Number or Employer Identification Number
4. County where your business is located
5. Physical address of the premises

6. Mailing address (if different from physical address)
7. Business and residence telephone numbers
8. Fax and email address
9. Your business's legal form (partnership, corporation, sole proprietorship, etc.)

4.

(If yes, provide date business began.)  Yes/Date: \_\_\_\_\_  No

9. Is or will your business and/or operations be: (Check appropriate box)

Individually Owned     A Partnership     A Corporation     Other (Specify): \_\_\_\_\_

10. Method of Payment (Check one)

Check (Enclosed)     Cashier's Check or Money Order (Enclosed)     Visa     Mastercard     American Express

Credit/Debit Card Number (No dashes) \_\_\_\_\_ Name as Printed on Your Credit/Debit Card \_\_\_\_\_

Address: \_\_\_\_\_

Credit/Debit Card Billing Address: City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please Complete to Ensure Payment is Credited to the Correct Application:  
I am Paying the Application Fee for the Following Person, Corporation, or Partnership: \_\_\_\_\_ Total Application Fee: \_\_\_\_\_

I Authorize ATF to Charge my Credit/Debit Card the Above Amount.

\_\_\_\_\_  
Signature of Cardholder

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**State your method of payment.** You can pay by check, money order or cashier's check, or credit/debit card. If you are paying by credit or debit card, then include the following:

1. Card number, without dashes
2. Name as printed on the card
3. Expiration date
4. Billing address
5. Total amount of fees
6. Signature of cardholder
7. Date



### Responsible Person(s) List

11. Provide information for each individual owner, partner, and all other responsible persons (See Definition 3) in the responsible person (i.e., nicknames, maiden name, name from previous marriage, etc.) (If additional space is needed, use the back of this page.)

Full Name <i>(If the individual is an alien, also provide his/her U.S.-issued alien number or admission number.)</i> a	Position at Business b	Social Security Number <i>(Voluntary - will help prevent misidentification)</i> c	Home Address and E-mail Address <i>(Include ZIP Code)</i> d	Telephone Numbers <i>(Home/Work)</i> e	D <i>(X)</i>

5.

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**Complete the Responsible Persons List.** As part of the application, you need to identify all 'responsible persons.' This term is defined in the application's instructions. Essentially, it includes anyone with the power to direct the management of the applicant, such as an owner, partner, or shareholder (if the shareholder has the power to direct management and policies). Provide the following information for each 'responsible person':

1. Full name
2. Alien number or admission number, if not a citizen
3. Position at the business
4. Social Security Number (voluntary)
5. Home address
6. Email address
7. Home and work telephone numbers
8. Date of birth
9. Place of birth
10. Country of citizenship
11. Sex
12. Ethnicity
13. Race



4. Whether you have ever been convicted of a felony
5. Whether you have ever received a dishonorable discharge from the Armed Forces

8.

15. Has the applicant or any person named in item 11 EVER: *(Give full details on a separate sheet for all "yes" answers.)*

- a. Been convicted in any court of a **felony**, or any other crime, for which the judge could have imprisoned the applicant even if he or she received a shorter sentence, including probation? *(See Definition 1 and Exception 1.)*
- b. Been adjudicated mentally defective *(which includes having been adjudicated incompetent to manage his or her affairs or committed to a mental institution)*?
- c. Been discharged from the Armed Forces under **dishonorable** conditions?
- d. **Renounced** his or her United States citizenship?

**Section B (Must be completed)**

16. Hours of Operation of Applicant's Business and/or Operations:

Time	Sunday	Monday	Tuesday	Wednesday	Thursday
Open					
Close					

17. Applicant's Business and/or Operation is Located in:  A Commercial Building  A Residence

18. Applicant's Business and/or Operations Premises are:  Owned  Leased/Rented\*  Other

19. Does User Permit Applicant Intend to Transport Explosive Materials in Interstate or Foreign Commerce? *(If "yes," state where)*

N/A  No  Yes

20. Does User Permit Applicant Intend to Transport Explosive Materials in Interstate or Foreign Commerce? *(If "yes," state where)*

N/A  No  Yes

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**Provide additional information about your business.** The application also requests information about where your business is located and when it operates. For example, the form asks for the following:

1. Your hours of operation (when you open and close)
2. The type of building your business is located in (commercial building, residence, etc.)
3. Whether you own or rent the premises

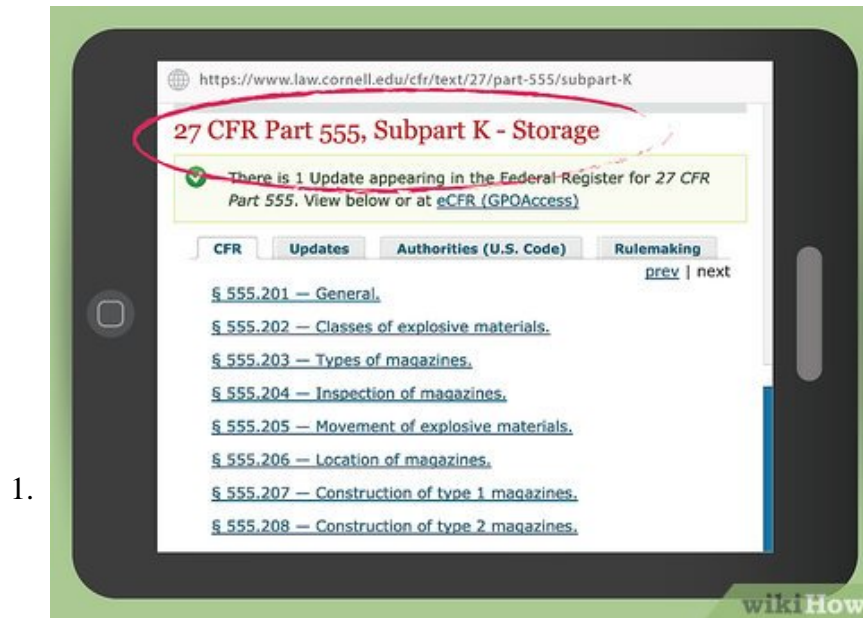


**Contact ATF with questions.** You can call ATF at (877) 283-3352. Alternately, you could review information online at [www.atf.gov](http://www.atf.gov).

1. If you want to mail correspondence, then send it to ATF Federal Explosives Licensing Center, 244 Needy Road, Martinsburg, WV 25405.

Part 2 of 3:

## Gathering Other Required Information



**Check that your storage facilities are adequate.** You need to read the storage requirements set forth in 27 CFR, Part 555, Subpart K – Storage. Your application will be denied if your storage facilities are deemed inadequate after an investigation.

1. You can find this federal regulation on the Internet.<sup>[1]</sup>

2.

The image shows a form titled "Explosives Storage Magazine Description Worksheet" with the instruction "(Submit one for each magazine; you may photocopy for additional magazines)". The title is circled in red. The form contains the following fields and options:

- Applicant name: \_\_\_\_\_
- Magazine ID no: \_\_\_\_\_
- State/local explosives magazine certificate number, if any: \_\_\_\_\_
- Storage magazine address: \_\_\_\_\_
- A. Type of magazine (e.g., permanent, mobile/portable, indoor/outdoor, building, igloo, tunnel, dugout, box, trailer, etc.): \_\_\_\_\_
- ATF Type: (Check one)  I  II  III  IV  V
- B. Location of magazine and distance from licensed place of business and other magazines: \_\_\_\_\_
- C. Distance to nearest storage magazine, regardless of ownership: \_\_\_\_\_
- D. Describe terrain features, roads, structures, buildings, utilities, etc., that could be damaged if the contents of the magazine exploded: \_\_\_\_\_
- E. Distance(s) between the magazine and the feature(s): \_\_\_\_\_

Indicate if magazine is: \_\_\_\_\_

The "wikiHow" logo is in the bottom right corner.

**Complete the Explosives Storage Magazine Description Worksheet.** This form is part of the application. You must complete one worksheet for each magazine that you use as storage. Provide the following information:

1. Magazine ID number

2. Any state or local explosives magazine certificate number
3. Storage magazine address
4. Type of magazine (permanent, mobile, indoor or outdoor, etc.)
5. ATF type
6. Distance to nearest storage magazine, regardless of ownership
7. Anything that could be damaged if the magazine exploded, such as nearby roads, buildings, utilities, etc.
8. Materials used in the magazine
9. Security or safety features
10. Explosives that will be stored in each magazine, including quantity and weight
11. A plat plan which shows all buildings on the premises and all magazines identified, including the distances between the magazines and the distances between the magazines and public highways, inhabited buildings, and passenger railways

OMB No. 1140-0072

**Employee Possessor Questionnaire**

Form MUST be completed by EACH employee possessor applicant, unless otherwise provided. (See reverse for instructions)

**For ATF Use Only**  
RDS KEY:

**Employee Possessor Information and Certification**

Block Letters	Explosives Applicant Business or Operations Name
	14. Name and address of explosives business or operations at which you are an employee possessor.
Name Suffix, if any (e.g., Jr., II)	15. Your position in the explosives business or operations.
	16. Federal explosives license/permit number for explosives business/operations.
(to prevent misidentification)	17a. List All Countries of Citizenship?
(Foreign Country)	If you indicated above you are a United States citizen, skip to question 18. 17b. What is your U.S.-issued alien number or admission number?

3.

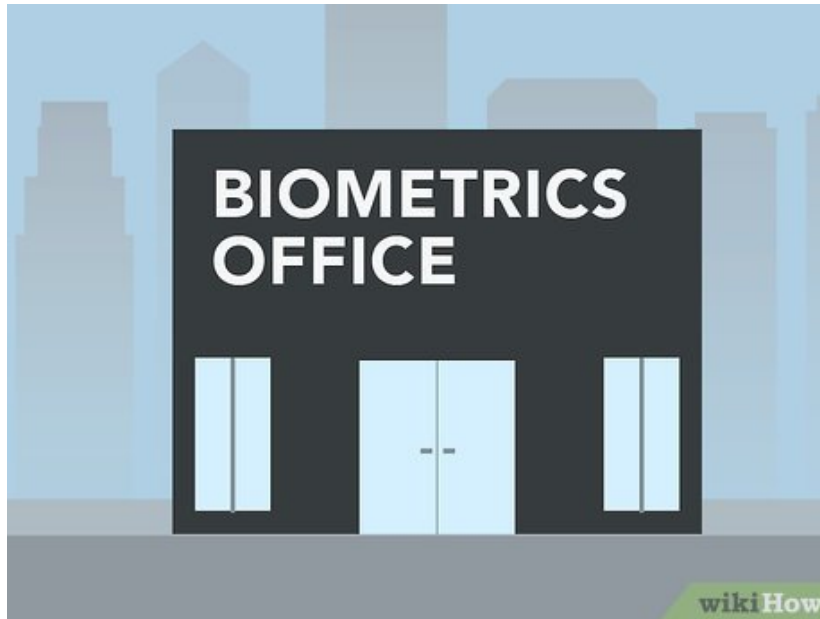
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**Complete the Employee Possessor questionnaire.** This questionnaire must be filled out by each employee who has 'actual' or 'constructive' possession of explosive materials during employment with you. 'Actual' possession means the person has immediate physical possession or control. Someone has 'constructive' possession when they don't physically possess the explosives but otherwise exercise control—for example, someone who has the keys to the magazine. The form asks for the following information:

1. Name
2. Social Security Number
3. Place of birth
4. Date of birth
5. Ethnicity and race
6. Sex
7. Home and work telephone numbers
8. Home address
9. Name and address of employer
10. Job position
11. Countries of citizenship

- 12. Questions about criminal background
- 13. Employee signature given under penalty of perjury

4.



**Complete a fingerprint identification card.** Each 'responsible person' must submit a completed FD-258 Finger Identification Card. You will need to contact your local law enforcement agency to have fingerprints taken.

5.

 An illustration of a pen and a table for the "Responsible Person(s) List" section of an FD-258 form. The table has six columns: Full Name, Position at Business, Social Security Number, Home Address and E-mail Address, Telephone Numbers, and D. The "Responsible Person(s) List" title is circled in red. Below the table, there are two overlapping illustrations of a person's head and shoulders, representing photographs. A "wikiHow" logo is visible in the bottom right corner.
 

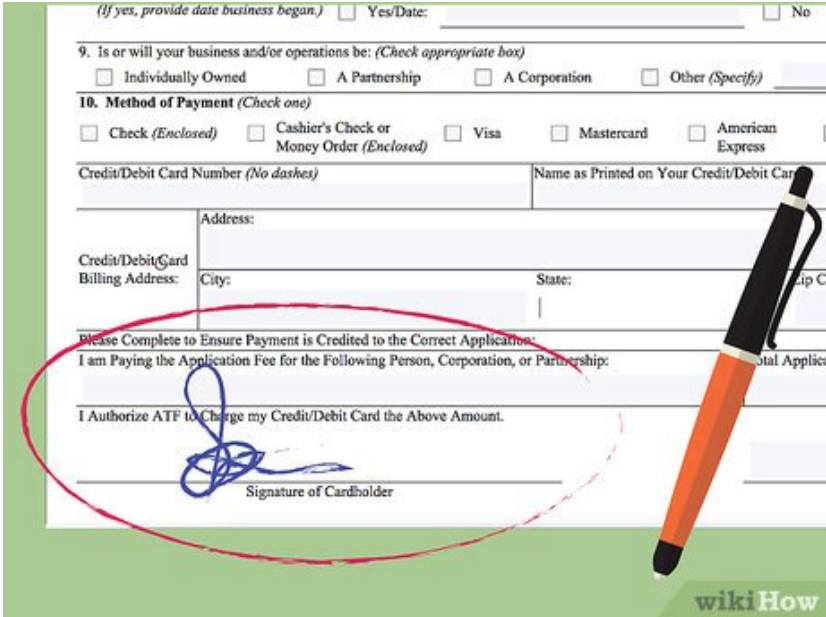
Full Name <i>(If the individual is an alien, also provide his/her U.S.-issued alien number or admission number.)</i> a	Position at Business b	Social Security Number <i>(Voluntary - will help prevent misidentification)</i> c	Home Address and E-mail Address <i>(Include ZIP Code)</i> d	Telephone Numbers <i>(Home/Work)</i> e	D <i>(A)</i> <i>(X)</i>

**Get a photograph for each 'responsible person.'** You will need to submit a 2'x 2' photograph of each responsible person. The photograph must show a full frontal view of the person's features. The head must be bare. Make sure that the picture is not more than six months old.

Part 3 of 3:

## Submitting a Complete Application

1.



The image shows a portion of a form with the following text and fields:

(If yes, provide date business began.)  Yes/Date: \_\_\_\_\_  No

9. Is or will your business and/or operations be: (Check appropriate box)

Individually Owned     A Partnership     A Corporation     Other (Specify) \_\_\_\_\_

10. Method of Payment (Check one)

Check (Enclosed)     Cashier's Check or Money Order (Enclosed)     Visa     Mastercard     American Express

Credit/Debit Card Number (No dashes) \_\_\_\_\_ Name as Printed on Your Credit/Debit Card \_\_\_\_\_

Address: \_\_\_\_\_

Credit/Debit Card Billing Address: City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please Complete to Ensure Payment is Credited to the Correct Application:

I am Paying the Application Fee for the Following Person, Corporation, or Partnership: \_\_\_\_\_

I Authorize ATF to Charge my Credit/Debit Card the Above Amount.

\_\_\_\_\_  
Signature of Cardholder

A red circle highlights the signature line and the text "I Authorize ATF to Charge my Credit/Debit Card the Above Amount." An orange and black pen is shown to the right of the form. The "wikiHow" logo is in the bottom right corner.

**Have the forms signed.** After filling out the forms, you should go through and double-check that you have answered everything. Then have the forms signed by an appropriate person in the business:<sup>[2]</sup>

1. The application form should be signed by the sole proprietor, corporate officer, or partner.
2. Each Employee Possessor form must be signed by the employee listed on the form.



**Pay the fee.** The fees are listed on the form, under Item 12. For example, a license to manufacture dynamite costs \$200 (\$100 for renewal). A permit to use dynamite costs \$100 (\$50 renewal).

1. Make your check or money order payable to: 'Bureau of Alcohol, Tobacco, Firearms, and Explosives.' Be sure to include your Social Security or employer identification number on your check or money order.



