

**APPLICATION FOR PERMIT TO PURCHASE, USE, TRANSPORT,  
SELL OR MANUFACTURE EXPLOSIVES**

This form is to be completed by the applicant and returned to the *Office of the State Fire Marshal, 221 S. Central Ave, Pierre SD 57501.*

Only one permit will be issued to the applicant and is to be displayed at the place of business, the applicant will be responsible for making copies and placing the information at each site.

**SECTION A**

**Federal Permit Number (if any)** \_\_\_\_\_

Name (if partnership, include name of each partner, if corporation include names of all officers)

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

Business Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

Trade Name (if any): \_\_\_\_\_

Is the Business located in?

- A Commercial Building                       Other (specify) \_\_\_\_\_  
 A Residence

Is Business:

- Individually Owned                       A Corporation  
 A Partnership                               Other (specify) \_\_\_\_\_

**Responsible Individual in South Dakota:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**SECTION B**

Applicant will handle explosives as a:

- |                                 |                                       |
|---------------------------------|---------------------------------------|
| <input type="checkbox"/> User   | <input type="checkbox"/> Transporter  |
| <input type="checkbox"/> Dealer | <input type="checkbox"/> Manufacturer |

Intends use of:

- |                          |                          |
|--------------------------|--------------------------|
| a) High Explosives _____ | c) Blasting Agents _____ |
| b) Low Explosives _____  |                          |

What is your intended use of the explosives?: \_\_\_\_\_

\_\_\_\_\_

Total Number of Storage Facilities in South Dakota:

- |                         |                        |
|-------------------------|------------------------|
| a) Permanent Type _____ | b) Portable Type _____ |
|-------------------------|------------------------|

Number and Type of Portable Storage Facilities:

- |                  |                       |
|------------------|-----------------------|
| a) Boxes _____   | c) Semi-Trailer _____ |
| b) Trailer _____ | d) Other _____        |

Locations of each: \_\_\_\_\_

\_\_\_\_\_

**SECTION C**

Individual(s) with access to each storage facility:

Name	Position	SS #	Home Address & Phone #

Use separate sheet for additional names.

**SECTION D**

***IS ANY PERSON NAMED ON THIS APPLICATION:***

Under indictment or information in any court for a crime punishable by imprisonment for a term exceeding one year? YES \_\_\_\_\_ NO \_\_\_\_\_

A fugitive from justice? YES \_\_\_\_\_ NO \_\_\_\_\_

Under 21 years of age? YES \_\_\_\_\_ NO \_\_\_\_\_

An unlawful user of or addicted to marijuana or any depressant or stimulant drug or narcotic drug? YES \_\_\_\_\_ NO \_\_\_\_\_

Ever been convicted in any court of a crime punishable by imprisonment for a term exceeding one year? YES \_\_\_\_\_ NO \_\_\_\_\_

Ever been adjudicated as a mental defective or been committed to any mental institution? YES \_\_\_\_\_ NO \_\_\_\_\_

***MUST BE COMPLETED IF APPLICANT IS A CORPORATION***

Is this corporation under indictment or information for a crime punishable by imprisonment for a term exceeding one year? YES \_\_\_\_\_ NO \_\_\_\_\_

Has the corporation ever been convicted in any court of a crime punishable by imprisonment for a term exceeding one year? YES \_\_\_\_\_ NO \_\_\_\_\_

**SECTION E - CERTIFICATION**

I declare that I have examined this application, and documents submitted in support thereof, and to the best of my knowledge and belief, they are true, correct, and complete.

I also certify that I am familiar with all published state laws and local ordinances relating to explosive materials for the location in which I intent to do business.

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Applicant's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**AFFIDAVIT**

STATE OF SOUTH DAKOTA

COUNTY OF \_\_\_\_\_

Who resides at \_\_\_\_\_

In the County of \_\_\_\_\_ being duly sworn according to law, on his oath deposes and says that: He is the applicant named in the above application; he is familiar with the contents of said application and says that the statements therein contained are true to the best of his knowledge and belief and are made for the purpose of receiving the permit from the Department of Public Safety, Office of State Fire Marshal in accordance with the provisions of S.D.C.L. 22-14A.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My commission expires on \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

For Office Use Only

Checked by \_\_\_\_\_ Permit Number \_\_\_\_\_

Date Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature of Approving Authority \_\_\_\_\_ Dated \_\_\_\_\_