

Division of Safety and Health  
License and Certificate Unit  
Harriman State Office Campus  
Building 12, Room 161A  
Albany, NY 12240

## WE ARE YOUR DOL



[www.labor.ny.gov](http://www.labor.ny.gov)  
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### Explosives Storage Information

Please complete this form, in **duplicate**, and attach it to your application.

#### Applicant's Information

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ FEIN number or Social Security number: \_\_\_\_\_

#### Questions

1. List all the explosives you intend to purchase and/or store in New York State for the next 12 months.  
List the type and amount:
  
  
  
  
  
  
  
  
  
  
2. How do you intend to store these explosives?
  
  
  
  
  
  
  
  
  
  
3. List location(s) or storage facilities and New York State Magazine Certificate numbers, if any:
  
  
  
  
  
  
  
  
  
  
4. List the explosives dealer/manufacturer(s) from whom you expect to purchase explosives in the next 12 months.

I Hereby certify that all the above statements are true to the best of my knowledge and belief.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_