EXPLOSIVES STORAGE INFORMATION
DIVISION OF SAFETY AND HEALTH

PLEASE COMPLETE THIS FORM, IN DUPLICATE, AND ATTACH IT TO YOUR APPLICATION - THANK YOU

	MAGAZINE NUMBER			
EM				
	D.O.	C.O.	YR.	SEQUENCE NUMBER

DO NOT WRITE ABOVE THIS LINE

1. LAST NAME OF APPLICANT FIRST MIDDLE

2. F.E.I.N. OR S.S. NO.

3. HOME ADDRESS: STREET CITY, TOWN, VILLAGE ZIP CODE COUNTY

4. TELEPHONE NO. ( )

5. LIST BY TYPE AND AMOUNT, ALL EXPLOSIVES YOU INTEND TO PURCHASE AND/OR STORE IN N.Y. STATE FOR THE NEXT 12 MONTHS.

6. HOW DO YOU INTEND TO STORE THESE EXPLOSIVES?

7. LIST LOCATION(S) OF STORAGE FACILITIES AND N.Y. STATE MAGAZINE CERTIFICATE NO(S)., IF ANY.

8. LIST THE EXPLOSIVES DEALER/MANUFACTURER(S) FROM WHOM YOU EXPECT TO PURCHASE EXPLOSIVES IN THE NEXT 12 MONTHS.

9. I HEREBY CERTIFY THAT ALL THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF APPLICANT

DATE

Use area below if more space is needed. Write Item Number of specific question.

ITEM NO.	ADDITIONAL INFORMATION

SH-51 (5-00)