

Explosives Safety & Licensing Program PO Box 44655 Olympia WA 98504-4655

## **Explosives Dealer's Records**

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Transmit Dealer's Records of all explosives brought and sold in accordance with RCW 70.74.230 and WAC 296-52-62045 by the 10<sup>th</sup> of the month.

Records may be emailed to: <a href="mailed-to:comparison-superscript"><u>ExplosivesLicensing@Lni.wa.gov</u></a> or mailed to the address listed.

## **Dealer Information**

Business Name		Owner/Responsible Pe	rson Name
Business Address		,	Phone Number
City	State	Zip Code	Email Address

**Explosives Sold for the Month of:** 

## Sales:

Date	Name of Purchaser	Purchaser Lic. No.	Name of Product	Type	Amount
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## **Continue on Back**

Date	Name of Purchaser	Purchaser Lic. No.	Name o	of Product	Ту	ре	Amount
otal A	mounts Sold						
	HIGH EXP	BLASTIN	IG AGENT		LOW EXP		DETONATOR
ırcha		ives Purchased Vendor Lic.				20	Amount
Date	Name of Vendor	No.	name (	of Product	Ту	pe	Amount
	<u> </u>						1
otal A	mounts Sold						
	HIGH EXP	BLASTIN	IG AGENT		LOW EXP		DETONATOR
	I						
Print Name			<del>_</del>	itle			
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gnature			<u> </u>	ate			