

# Application for an Explosives License (Company)

Explosives Licensing  
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Email: [ExplosivesLicensing@Lni.wa.gov](mailto:ExplosivesLicensing@Lni.wa.gov)

Make checks payable to the Department of Labor & Industries and submit with the completed application.

Application for an Explosives License for the purpose of purchasing, storing, manufacturing, or selling explosives as defined in [70.74 RCW](#) and [296-52 WAC](#).

These licenses are valid for one (1) year and shall be renewed by application unless otherwise noted. Storage fee will be billed.

[70.74.360 RCW](#) requires all applicants are cleared by fingerprint Background Checks — Fee \$33.25

Purchaser (\$25)     Manufacturer (\$50)     Dealer (\$50)     Storage (billed on quantity/type stored)

## Section A — Company Information

Name of Business	UBI	Owner Name		
Mailing Address	City	State	Zip Code	
Phone Number	Email Address			
Federal Explosive License/Permit Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No				
License/Permit Number or Date Applied (No final license will be issued without Federal License)				

## Section B — Responsible Person

Name	Citizenship	Social Security Number		
Mailing Address	City	State	Zip Code	
Date of Birth	Driver's License/ID Number	State	Phone Number	Email Address

## Section C — Storage Magazines

Do you need to store explosives? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "No", explosives <b>must</b> be used the same day purchased <b>and</b> a contingency storage agreement must be produced.				
Exact proposed location of magazine(s) — Street address <b>or</b> GPS location in <a href="#">decimal degrees</a> to 4 decimal places				
City	State	Zip Code		
Name of Owner of Magazine(s)	Phone Number	County		

Type of Explosives	Maximum Amount	Type of Explosives	Maximum Amount

For more than 8 magazines, attach a sheet with the magazine information to the application.

For a manufacturer license, applicant must submit a site plan as required in [WAC 296-52-65010](#).

**Section D — Authorized Agents/Persons**

Persons Authorized by the Owner or Responsible Person to conduct purchasing/explosive handling on their behalf — this must match the BATFE Employee Possessor list.

Name	Social Security Number	Date of Birth	Place of Birth
Home Address			DL or ID No. & State

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Additional persons may be listed on a separate sheet and attached to the application.

**Signatures**

By signing, I agree that the following are true:

- A. We will not sell, barter, give, or dispose of explosives to any person within the State of Washington except to authorized employees for ultimate use (blasting);
- B. We will follow the rules of the Washington State Explosives Act and Safety and Health Codes promulgated by the State of Washington;
- C. We will be responsible for obtaining the proper licenses necessary for purchasing, using, storing, manufacturing, or selling explosives;
- D. I have not been convicted of a felony involving force or violence, perjury, false swearing, or bomb threats;
- E. I have no drug or alcohol dependency problems;
- F. The statements made in this application are true to the best of our knowledge;
- G. We will advise the Department of Labor and Industries when any of the above stated facts change.

Printed Name of Applicant or Authorized Agent	Title
Signature of Applicant or Authorized Agent	Date

**Witness Signature**

The applicant is known to me personally and that statements made are true to the best of knowledge.

Printed Name	Signature		
Title	Date		
Address			
City	State	Zip Code	Phone Number

<b>For L&amp;I Use Only</b>			
Explosive License Granted? <input type="checkbox"/> Yes <input type="checkbox"/> No		Blast Classification: _____	
If not granted, state reason: _____			
L&I Employee Signature	Title	Date	

# Company Explosives License Application Instructions

## All Applicant Organizations:

1. Must complete Section A.
2. Must sign and date the application.
3. Applications must be witnessed.
4. Every site *must have one person legally responsible* for the proper storage, protection, and removal of explosives, and may be the owner, lessee, or authorized operator. That is the Responsible Person.
5. Fingerprinting and criminal history record information checks are required for management officials directly responsible for the operations where explosives are stored or used (Responsible Person) (*except Law Enforcement Officers – LEOs*). In the case of a partnership, it is also required of all general partners. Fingerprints will be used to check the criminal history records of the FBI. Applicants have the capability to review and challenge the results through the FBI.

## New Applicants:

1. If applying for a Purchaser/Dealer/Manufacturer and/or Storage license must have an ATF Federal permit in order to purchase, sell, or manufacture explosives. Call 877-283-3352 or go to [www.aft.gov](http://www.aft.gov) to obtain an application packet if you haven't already done so. A copy of the AFT Federal permit must be submitted with this application.
2. If applying for any license *with* Storage, you must complete Section B, C, and D.
3. If applying for any license *without* Storage, you must complete Section B and D.
4. ***Blasters License are ONLY issued to individuals. Individual applications are submitted using form F447-015-000.***

## Fees must accompany application:

1. Make checks payable to: Department of Labor & Industries.
2. The fees a Purchaser/Manufacturer/Dealer license are listed at the top of the application. Storage fees are based on the maximum amount stored and will be billed after storage site approval.
3. **Background check fees are currently \$33.25 and must accompany the application.** For fingerprinting locations visit:  
<https://fortress.wa.gov/wsp/watch/UserContent/FingerPrint/FingerprintingLocations.pdf>.
4. Submit application, fees, and fingerprint card and any other documents required to the address listed at the top of this form.

## Authorized Agents/Purchasers:

1. You must furnish a current list of employees who are authorized by you to purchase and/or receive explosives ***in your Responsible Person's name.***
2. The list must include the following:
  - a. Name and address.
  - b. Social Security Number.
  - c. Driver's license number.
  - d. Place and date of birth.
3. Submit a copy of your ATF Employee Possessor Authorization list with your application.