

# Louisiana Explosives Magazine License Application Packet

Submit applications to : Explosives Control Unit, P.O. Box 66168, Baton Rouge, LA 70896-6168  
If you have any questions you may contact the Explosives Control Unit at (225) 925-6113  
Information can also be found at [www.lsp.org/hazmat.html](http://www.lsp.org/hazmat.html)

## For Magazine License Applications Only

### Applicants must hold a valid Manufacturer, Dealer/Distributor or User Explosives License

#### GENERAL INFORMATION AND INSTRUCTIONS

Please read and follow instructions carefully. Failure to submit application correctly will result in processing delays.

1. EXPLOSIVES LICENSE LAW - LRS 40:1472.1 et seq

These statutes contain the eligibility requirements to receive an explosives license.

2. LICENSE FEES

- a) A fee schedule is listed in the Louisiana Statutes - LRS 40:1472.3.C.(1).
- b) Fees are payable to the **Department of Public Safety** in the form of a check or money order. Only one application per check is allowed.

**NOTE: All fees are non-refundable.**

3. DOCUMENTS AND FILINGS

- a) **Application must be typed.**
- b) Photocopies of any documentation, if required, MUST clearly show all names, signatures and other pertinent information. Copies which are too dark or too light and do not show all pertinent information will not be accepted. **DO NOT SEND ORIGINALS, UNLESS SPECIFICALLY REQUIRED TO DO SO, AS THEY CANNOT BE RETURNED.**
- c) If requested, fingerprint cards must be signed and filled out completely, including your name and signature, address, date of birth, place of birth, social security number and your physical characteristics (sex, race, height, etc.).
- d) For magazine renewals you shall provide the Office of State Police issued magazine license number in the space provided on page 2.
- e) Incomplete applications will be denied.
- f) An ineligible applicant will be denied.

**NOTE1: All fees are non-refundable.**

**NOTE2: A copy of the Federal Explosives License must be attached.**

**Note3: Each application must be accompanied by a separate check. One check for multiple applications will not be accepted.**

# Instructions For Completing The Explosives Magazine License Application

Applicant Name	Legal Name - First, Middle, Last, Suffix
Race	Check one block
Sex	Check one block
Date of Birth	mm/dd/yy
Place of Birth	City, State, Country
Social Security Number	XXX-XX-XXXX
Drivers License / ID Number	Drivers License or Identification card number
State	State issuing drivers license or identification card
Residence Address	Street address and/or apartment
City	City
State	State abbreviation
ZIP	Zip code
Mailing Address (If Different)	Your Mailing Address if different from your physical address
City	City
State	State abbreviation
ZIP	Zip code
Home Phone Number	Applicant's Home phone number - Area code and phone number
Cell Phone Number	Applicant's Cell phone number - Area code and phone number
Company Federal Explosives License #	License number issued to Company by BATFE <b>ATTACH A COPY OF LICENSE</b>
Company Name	Name Company does business as
Company Mailing Address	Address for Company's mail service
City / State / ZIP	City / State Abbreviation / Zip code
Company Physical Address	Where the Company is physically located
City / State / ZIP	City / State Abbreviation / Zip code
Company Representative Title	Job Title
Company Representative Name	First, MI, Last
Company Representative Address	Leave blank if same as Company Address
City / State / ZIP	City / State Abbreviation / Zip code
Company Telephone Number	Area code and phone number
Company Facsimile Number	Area code and fax number
Company Representative Email	Email Address of the Point of Contact
Signature and Dates	Company representative and applicant must sign the application. Applications unsigned by either will be denied. Date entered will be date signed.

## Explosives Magazine License Application

**Form must be typed**

License Duration? (Check appropriate box)

1 Year	2 Year	3 Year	4 Year
<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$150.00	<input type="checkbox"/> \$200.00

Make Check or Money Order Payable to:
<b>Department of Public Safety</b>
<b>All Fees Are Non-Refundable</b>
Application should be mailed to:
Explosives Control Unit
PO Box 66168
Baton Rouge, LA 70896-6168

Check or Money Order Amount:	
Check or Money Order Number:	

**APPLICANT DATA**

Legal Name: First		Middle		Last	
Race: (Check One)	<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian <input type="checkbox"/> Other
Sex: (Check One)	<input type="checkbox"/> Male	<input type="checkbox"/> Female			
Date of Birth:		Place of Birth: (City / State / Country)			
Social Security Number:		Drivers License / ID Number:		State of Issue:	
Residence Address:					
City:		State:		ZIP:	
Mailing Address (If Different):					
City:		State:		ZIP:	
Home Phone Number:		Cell Phone Number:			

**COMPANY DATA**

Company Federal Explosives License Number: Attach a copy of Federal explosives license with application					
Company Name:					
Company Mailing Address:					
City:		State:		ZIP:	
Company Physical Address:					
City:		State:		ZIP:	
Company Representative Title:		Name:			
Company Representative Address:					
City:		State:		ZIP:	
Company Telephone Number:		Fax Number:			
Company Representative Email:					

Louisiana Department of Public Safety  
Office of State Police  
**Explosives Magazine License Application**

**MAGAZINE DATA**

Storage Type (check one):     Type 1    Type 2    Type 3    Type 4    Type 5

Magazine Physical Address:							
City:		Parish:			State:		ZIP:
GPS Coordinates		Latitude:		Longitude:			
<b>For renewal purposes you shall provide the Office of State Police issued magazine license number:</b>							
Written directions to the magazine location:							
<i>Use for explosives stored: (Check all that apply)</i>							
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Demolition	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining	<input type="checkbox"/> Oil Field	<input type="checkbox"/> Pyrotechnic	<input type="checkbox"/> Seismic	
<input type="checkbox"/> Special Effects	<input type="checkbox"/> Other*	*Explain					

**Additional Key Holder Information (If applicable)**

Legal Name:		First	Middle		Last
Home Phone Number:			Cell Phone Number:		

Please illustrate physical directions to the magazine **OR** attach a map no larger than 8.5" x 11"

Hand drawn illustrations are acceptable

Company Representative Signature:			Date:		
Applicant Signature:			Date:		

## Required Documents Checklist

- Signed application
  
- If renewing a magazine license provide the Office of State Police issued magazine license number in the space provided on page 2
  
- Copy of Federal Explosives License as described on Instructions page
  
- Correct fee as described on page 1