



Louisiana Department of Public Safety & Corrections Office of State Police

Explosives Magazine License Application Directions

Explosives magazine applications and important information about the application process can be found at www.lsp.org. Applications can be submitted to the LSP Explosives Control Unit at:

Physical Address: 7919 Independence Blvd., Baton Rouge, LA 70806

Mailing Address: P.O. Box 66168, Baton Rouge, LA 70896-6168

Questions should be directed to the Explosives Control Unit at (225) 925-4893 Ext. 215 or ExplosivesControl@la.gov

General Information and Instructions

Please carefully read and follow these instructions.

Failure to follow these instructions may result in processing delays.

1. Regulation of Explosives in Louisiana
Louisiana Revised Statute (LRS) 40:1472.1 et seq
Louisiana Administrative Code (LAC) 55:I:1501 et seq
2. License Fees
LRS 40:1472.3(C)(1) – License Fees
3. Required Training
Louisiana Administrative Code (LAC) 55:I:1541(A) et seq
4. Documents and Filings
 - a. Applications must be typed, signed, and dated. Electronic signatures and dates will not be accepted.
 - b. Supporting documents, if required, must clearly show all names, signatures, and all other information. Do not send original documents.
 - c. Applicants for a Louisiana Explosives Magazine license must possess a valid Louisiana Manufacturer–, Dealer-Distributor–, or User class explosives license
 - d. Primary Key Holders must possess a valid Louisiana Manufacturer–, Dealer-Distributor–, or User class explosives license
 - e. Additional Key Holders must possess a valid Louisiana Manufacturer–, Dealer-Distributor–, User–, or Blaster class explosives license
 - f. A copy of the company’s Federal Explosives License is required for all applications.
 - g. Incomplete applications are subject to denial.
 - h. All fees are non-refundable.



Louisiana Department of Public Safety & Corrections Office of State Police

Instructions for Completing the Magazine License Application

General Information

Field	Information Needed/Format
Applicant Name	Legal name – first name, middle name, last name, suffix (if applicable)
Race	Check one box only
Sex	Check one box only
Date of Birth	mm/dd/yyyy
Place of Birth	City, State, Country (if outside of U.S., include proof of citizenship or legal residency)
Social Security Number	XXX-XX-XXXX
Driver’s License/ID Number	Driver’s license or State identification card
Physical Address	Address of residence (street address, apartment number if applicable, City, State, Zip Code)
Mailing Address	(if different from physical address)
Applicant Telephone Number	XXX-XXX-XXXX
Email Address	Email address
Applicant Louisiana Explosives License Number:	Must be a valid Louisiana Manufacturer–, Dealer-Distributor–, or User class license

Company/ACR Information

Field	Information Needed/Format
Company Federal Explosives License No.	License number issued to company by the Bureau of Alcohol, Tobacco, Firearms, and Explosives (attach a copy of license)
Company Name	Name of Company (as listed on the BATFE license)
Company Physical Address	Company’s physical address where the license will be mailed (street address, city, state, and zip code)
Company Mailing Address	Company’s mailing address (if different)
ACR Name	Legal name – first name, middle name, last name, suffix (if applicable)
ACR Telephone Number	XXX-XXX-XXXX
ACR Email Address	Email Address
Company Explosives Use(s)	Check all that apply



Louisiana Department of Public Safety & Corrections Office of State Police

Magazine Information

Field	Information Needed/Format
Magazine Type	Type 1, Type 2, Type 4, or Type 5
LA Explosives Magazine License Number	License number previously assigned to this magazine by the Louisiana State Police (if this is a renewal)
Magazine Physical Location	Location of where the magazine is located
Written Directions to Magazine Location	Detailed written description to magazine location
Illustration of Directions to Magazine Location	Computer or hand drawn illustration to magazine location
Primary Key Holder Name	First name, middle name, last name, suffix (if applicable)
Primary Key Holder License Number	Primary Key Holder must possess a valid Louisiana Manufacturer-, Dealer-Distributor-, or User class explosives license
Additional Key Holder Name	First name, middle name, last name, suffix (if applicable)
Additional Key Holder License Number	Key Holder must possess a valid Louisiana Manufacturer-, Dealer-Distributor-, or User class explosives license
Signatures/Dates	All signatures must be original (digital signatures will not be accepted)



Louisiana Department of Public Safety & Corrections
Office of State Police

Magazine License Application
(Application must be typed)

Applicant's Name

First	Middle	Last
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Type of Application: New Application Renewal

Magazine License Duration: (check one box only – submitted fees must match selection)

1-Year (\$50) 2-Year (\$100) 3-Year (\$150) 4-Year (\$200)

(All fees are non-refundable)

Payment Information

Make checks or money orders payable to: Department of Public Safety

Applications can be submitted to the LSP Explosives Control Unit at:

Physical Address:

7919 Independence Blvd., Baton Rouge, LA 70806

Mailing Address:

P.O. Box 66168, Baton Rouge, LA 70896-6168

Check or Money Order Amount: _____

Check or Money Order Number: _____

Each application must be accompanied by a separate check or money order.

Only one magazine per application.

Both company and personal checks are accepted.



Louisiana Department of Public Safety & Corrections Office of State Police

Applicant Information

First	Middle	Last
Social Security Number	Driver's License/ID Number	State of Issue

Address of Applicant

Street Address (Residence)

City	State	Zip Code
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Mailing Address (If Different)

City	State	Zip Code
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Contact Information

Telephone Number	Email Address
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Applicant's Louisiana Explosives License Number: _____

Company Information

Company Details

Enter your Response in the Space Below

Company Federal Explosives License No.
(attach a copy of federal license with application): _____

Company Name: _____

Street Address (company): _____

City, State, Zip _____

Mailing Address (if different): _____

City, State, Zip _____

ACR Information

Enter your Response in the Space Below

Authorized Company Representative (ACR) Name: _____

ACR Office Number: _____

ACR Cell Number: _____

ACR Email Address: _____



Louisiana Department of Public Safety & Corrections Office of State Police

Company Explosives Use(s) – Select all that apply:

Agriculture

Pyrotechnic

Demolition

Seismic

Manufacturing

Special Effects

Mining

Other (Specify Below)

Oil Field

Other Explanation:

Magazine Information

Magazine Type (select one): Type 1 Type 2 Type 4 Type 5

LA Magazine License Number (if this is a renewal): _____

Magazine Physical Address: _____

City: _____ Parish: _____ Zip: _____

GPS Coordinates: Latitude: _____ Longitude: _____

Written Directions to Magazine Location:



Louisiana Department of Public Safety & Corrections
Office of State Police

Illustration of Directions to Magazine Location

(Provide hand drawn illustration or attach a map no larger than 8½” x 11” showing the location)

[Large empty rectangular box for hand-drawn illustration or map attachment]

Primary Key Holder(s)

First	Middle	Last

Primary Key Holder’s Louisiana Explosives License Number: _____

First	Middle	Last

Primary Key Holder’s Louisiana Explosives License Number: _____

Additional Key Holder’s Louisiana Explosives License Number: _____

Signatures

Applicant’s Signature*: _____ Date: _____

Authorized Company Representative’s Signature*: _____ Date: _____

****Digital signatures and dates will not be accepted.***



Louisiana Department of Public Safety & Corrections
Office of State Police

Affidavit of Fact

State of: _____ Parish/County of: _____

Before me, the undersigned Notary Public, duly commissioned and qualified, in the Parish/County and State aforesaid, personally came and appeared:

Affiant’s Name (typed) : _____

Affiant’s Address (typed): _____

Who being by me first duly sworn, deposed and said:

I, _____, having been duly sworn, depose and say that I have read the foregoing application and the contents thereof, and do hereby certify that my responses and information contained within this application are true and correct and they are an accurate account of the requested information. In addition, I have also read, understand, and agree to comply with the statutes contained in LRS 40:1472.1 et seq and the corresponding administrative regulations. I have executed this statement voluntarily with the knowledge that any failure to provide truthful information is cause for denial of my application or revocation of a license, and that the making of any false statement or response in this application is a violation of LRS 40:1472.3(I), knowingly making a false statement in order to obtain a license, a criminal offense punishable by imprisonment for not more than five (5) years with or without hard labor or a fine not to exceed ten thousand dollars (\$10,000.00) or both.

Affiant’s Signature: _____
(Do not sign until in the presence of a notary)

Sworn to and subscribed before me on this _____ day of _____, 20____.

Print, type, or stamp Name of Notary Public

*Notary Public Signature**

My commission expires _____

****Digital signatures and dates will not be accepted.***



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Office of State Police

Hold Harmless and Indemnification Affidavit

State of: _____ Parish/County of: _____

Before me, the undersigned Notary Public, duly commissioned and qualified, in the Parish/County and State aforesaid, personally came and appeared:

Affiant's Name (typed) : _____

Affiant's Address (typed): _____

Who being by me first duly sworn, deposed and said:

I _____, pursuant to R.S. 40:1472.3.E.(2)(b), agree to hold harmless and indemnify the state of Louisiana, the Department of Public Safety and Corrections, the Secretary and the Deputy Secretary of the Louisiana Department of Public Safety and Corrections, and any of its agents or employees, and any peace officer within this state, from and against any and all liability, claims, actions, fines or losses of any kind or nature, including costs and attorney's fees, in any way arising out of, connected with or related to the issuance of my Louisiana Explosive License.

Affiant's Signature: _____
(Do not sign until in the presence of a notary)

Sworn to and subscribed before me on this _____ day of _____, 20_____.

Print, type, or stamp Name of Notary Public

*Notary Public Signature**

My commission expires _____

****Digital signatures and dates will not be accepted.***