

Fee	Waiver	Control Number	License Number	Expiration Date



Do Not Write Above This Line
 New York State Department of Labor
 Division of Safety and Health
 License and Certification Unit, Room 161A
 State Campus, Building 12
 Albany, NY 12240
 (518) 457-2735

Application for License to Deal In or Manufacture Explosives

This license is not valid in New York City.

Please type or print clearly

1. Trade name of firm			2. Check one box to show organization type: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual			
3. Address of headquarters office of firm:	No.	Street	City, Town, Village	State	Zip Code	County
4. Location of Plant or Outlet in N.Y. State:	No.	Street	City, Town, Village	State	Zip Code	County
5. Federal Employer Identification Number			6. New York State Explosives Magazine Numbers			

The person named below represents the firm as applicant (Must be corporate officer, partner or owner.)

7. Full name (Last name, first name)		Title	Home address		County
8. Telephone number ()	9. NYS DMV license or ID no.	10. Social Security Number		11. ATF license no.: Type of License:	
12. Business phone number ()	13. Date of birth Month Day Year	14. Weight lbs.	15. Height Ft. In.	16. Eye color	17. Hair color
18. Purpose for which explosives will be used. Check all options that apply. <input type="checkbox"/> Dealer <input type="checkbox"/> Fireworks/Pyrotechnics <input type="checkbox"/> Manufacturer Only <input type="checkbox"/> Construction, excavation, demolition <input type="checkbox"/> Dealer and manufacturer <input type="checkbox"/> Black powder			19. Have you applied before for a license? <input type="checkbox"/> Yes <input type="checkbox"/> No Former license no.:		
			20. If this is a new application and no ATF license number was entered in question 11, have you applied for an ATF license? <input type="checkbox"/> Yes <input type="checkbox"/> No		

21. List each officer and/or partner other than the applicant named in item 7. Use additional sheets if necessary.

Name	Title	Home address: street; city, town, village, state, zip code

22. Are you, any partner, or any corporate officers either disloyal or hostile to the United States? Yes No
 If "Yes," list individuals.

23. Were you or any corporate officers either (A) convicted of a crime or (B) confined as a patient in an institution for the treatment of mental disease? Yes No
 If "Yes," list individuals. Use additional sheets if necessary.

Name	Sentence date	Hospitalization date	Institution name	Sentence or diagnosis	Release date

See reverse for required signature and other instructions

www.labor.ny.gov

31. Certification (not required for corporations)

Are you under an obligation to pay child support?	If yes, complete items #1 - #4	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1. I am making payments according to a plan agreed to by the parties.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. I am four months or more behind in child support payments.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. There is a pending court proceeding about my child support obligation.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. I am receiving public assistance or supplemental security income.		Yes <input type="checkbox"/>	No <input type="checkbox"/>

All applicants must read and sign below:

I swear or affirm the following is true. I understand I can be punished for perjury if it is false:

- (1) I will follow all the rules and regulations relating to this article and
- (2) all of the statements and information I give in this application are true to the best of my knowledge and belief. I understand that deliberately giving any false or misleading information to the New York State Department of Labor to help advance this application may be a crime and/or cause the agency to revoke this license/certificate.

The Department of Labor (DOL) and the Department of Motor Vehicles (DMV) may make an ID card with my DMV photo on it. I understand that this card is mailed to the address I supply to the DOL. I also understand that DOL and the DMV will use my photo to make all my future ID cards for as long as I am licensed or certified with the DOL.

I understand that by signing this, I am giving the Commissioner of Labor permission to access my Unemployment Insurance (UI) benefit file.

To complete this form, I must provide certain personal information. The authority to collect this information is found in New York State Labor Law. The DOL will keep this information and use it to process the application I am filing with the License and Certificate Unit. If I do not give this information, the DOL may be unable to process this application.

Signature of applicant: _____ Date: _____
No co-signs or rubber stamps