



GREGORY J. HAGWOOD
SHERIFF/CORONER

Office of the Sheriff

1400 E. Main Street, Quincy, California 95971 • (530) 283-6375 • Fax 283-6344

APPLICATION PERMIT/EXPLOSIVES

APPLICATION AND PERMIT NO. _____ APPLICATION DATE _____

FEE: \$ 28.00 (MIN. 7 DAY WAITING PERIOD) PERMIT DATE _____

PERMITTEE:

PHONE NO. _____ SOC. SECURITY NO. _____

NAME: _____ ADDRESS: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

AGE: _____ HEIGHT: _____ WEIGHT: _____ EYES: _____ HAIR: _____ SEX: _____

REPRESENTING: _____ DRIVERS LIC.NO. _____

VEHICLE FOR TRANSPORT:

MAKE: _____ MODEL: _____ YEAR: _____ LIC. _____

STATE REGISTRATION: _____ TRAVEL ROUTE AND SAFE STOPPING PLACES: _____

ACTIVITY:

MANUFACTOR: _____ STORE: _____

RECEIVE/TRANSPORT: _____ USE: _____

SELL/OTHERWISE DISPOSE: _____ PARK VEHICLE: _____

MATERIAL:

TYPE OF EXPLOSIVE: _____ QUANTITY: _____

HOW AND/OR WHERE STORED: _____

HOW AND/OR WHERE USED: _____

I, THE UNDERSIGNED, CERTIFY THAT I UNDERSTAND AND WILL ABIDE BY ALL FEDERAL STATE AND LOCAL LAWS, ORDINANCES, RULES OR ORDERS TO PERFORM THOSE ACTS NOTED HERIN. I ALSO UNDERSTAND THAT ALL UNUSED INVENTORY COVERED BY THE PERMIT ON OR BEFORE THE EXPERATION DATE WILL BE DISPOSED OF IN THE FOLLOWING MANNER: (1) RETURNED TO SOURCE, (2) TOTALLY DESTROYED, (3) TURNED OVER TO THE AUTHORITY ISSUING THIS PERMIT OR REAPPLIES FOR A NEW PERMIT.

APPROVAL

THIS PERMIT IS GRANTED ON _____ TO PERFORM THOSE ACTIVITIES NOTED ABOVE, AND WILL EXPIRE _____ (MAX 1 YEAR FROM DATE OF ISSUE) THE PERMITTEE IS LIMITED TO PERFORM THESE ACTIVITIES _____ NUMBER OF TIMES, OR DURING THE TENURE OF THE PERMIT, SUBJECT TO THE CONDITIONS NOTED.

RESTRICTIONS:

1. USE ONLY ELECTRIC CAPS ABOVE GROUND. MINING ONLY.
2. FUSE TYPE CAPS PERMISSIBLE IN UNDERGROUND
3. CHECK WITH U.S. FOREST SERVICE PRIOR TO ANY BLASTING

THIS PERMIT IS NOT TRANSFERABLE

APPLICANT'S SIGNATURE

PLUMAS CO. SHERIFF