



Application for License to Deal In or Manufacture Explosives (Not Valid in New York City)

You must provide personal information to complete this form. The authority to collect this information is found in the New York State Labor Law. This information will be maintained and used to process the application you are filing with the Division of Safety and Health License and Certificate Unit. Failure to provide this information may result in our inability to process your application. Note: By signing this form, you are granting permission to the Commissioner of Labor to provide access to your Unemployment Insurance benefit file.

Business Information

Trade name of firm or organization (Firm name must be exactly as registered with NYS Department of State):

Federal Employment Identification Number (FEIN): _____

New York State Unemployment Insurance Employer Registration Number (E.R. No.): _____

Type of organization: Corporation Partnership Individual

Incorporation: (month/day/year) _____ State: _____

When did the company begin operations under its current name? _____

Address of headquarters office: _____

City: _____ State: _____ Zip code: _____ County: _____

Location of plant or outlet in New York State: _____

City: _____ State: _____ Zip code: _____ County: _____

Email: _____ NYS Explosives Magazine numbers: _____

Duly Authorized Representative (must be corporate officer, partner or owner)

Name of representative: _____ Title: _____

Social Security Number: _____ Date of Birth: _____ Email: _____

Home address: _____

City: _____ State: _____ Zip code: _____ County: _____

Home phone number: _____ Business phone number: _____ Fax: _____

NYS DMV license or ID number: _____ ATF license number and type: _____

Eye color: _____ Hair color: _____ Weight: _____ Pounds Height: _____ Feet _____ Inches

Purpose for which explosives will be used. Check all options that apply.

- Dealer Fireworks/Pyrotechnics Manufacturer only Construction, excavation, demolition
 Dealer and manufacturer Black powder

Have you applied before for a license? Yes No Former license number: _____

If this is a new application and no ATF license number was entered above, have you applied for an ATF license?

Yes No

List each officer and/or partner other than the above representative (attach additional sheets if necessary).

Name: _____ Title: _____
Home address: _____ City: _____ State: _____ Zip code: _____
Town: _____ Village: _____

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Name: _____ Title: _____
Home address: _____ City: _____ State: _____ Zip code: _____
Town: _____ Village: _____

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

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

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

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Certification of Child Support (not required for corporations)

Are you under an obligation to pay child support? If yes, complete following items. Yes No

I am making payments in accordance with a plan agreed upon by the parties. Yes No

I am four months or more behind in the payment of child support. Yes No

My child support obligation is the subject of a pending court proceeding. Yes No

I am receiving public assistance or supplemental security income. Yes No

Note: Any additional partner(s) in a partnership must complete form GO 1 Certificate of Child Support Obligations. To obtain the form go to www.labor.ny.gov, type GO 1 in the search box then click on GO 1 Appendix to a License.

Acknowledgement

This statement must be signed by the contractor, or a representative of the contractor who is authorized to sign on behalf of the company or organization named in this application.

- I understand that outside sources may be contacted to verify information contained in this application. I give permission for the disclosure of any information which may be needed to process this license application
- I agree to provide any additional documentation requested by the Department
- I swear the applicant will abide by all the rules and regulations promulgated pursuant to this article
- I swear the information on this form is correct to the best of my knowledge
- I am aware there are penalties for making false statements
- I approve the Department of Labor (DOL) and the Department of Motor Vehicles (DMV) to produce an identification (ID) card for me using my DMV photo.
 - I understand my DMV photo will be used for all future license and certificate ID cards
 - I understand that DOL will send this card to the address I maintain with DOL

Signature of the Contractor or Duly Authorized Representative (no co-signs or stamps):

Title: _____ Date: _____

Do not write in the area below. For office use only.

Control #: _____ Fee: _____

Waiver: _____ License #: _____ Expires: _____