Division of Safety and Health License and Certificate Unit Harriman State Office Campus Building 12, Room 161A Albany, NY 12226

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www.labor.ny.gov license&certificate@labor.ny.gov

Explosives Storage Information

Please complete this form, in **duplicate**, and attach it to your application.

Applicant's Information Last name:		First name:	First name:Middle initia		
Mailing address:					
Phone number:		FEIN number or Social Secu	FEIN number or Social Security number:		
Questions					
1.	List all the explosives you intend to List the type and amount:	o purchase and/or store in New York Sta	ate for the next 12 mor	nths.	
2.	How do you intend to store these	explosives?			
3.	List location(s) or storage facilities	and New York State Magazine Certifica	te numbers, if any:		
4.	List the explosives dealer/manufac	cturer(s) from whom you expect to purch	ase explosives in the r	next 12 months.	
I Hereby certify that all the above statements are true to the best of my knowledge and belief. Applicant's Signature:					