

OFFICE OF THE SHERIFF

COUNTY OF INYO
STEPHANIE J. RENNIE, SHERIFF

Permit #		Fees:	<input type="checkbox"/> 100 lbs or less \$2.00	<input type="checkbox"/> More than 100 lbs \$10.00
Applicant				
Status: <input type="checkbox"/> Individual <input type="checkbox"/> Association <input type="checkbox"/> Co-Partnership <input type="checkbox"/> Firm <input type="checkbox"/> Joint Venture <input type="checkbox"/> Corporation If not an individual, each person who is working under this license must sign declaration.				
Last Name:		First Name:		M.I.
Date of birth:		SSN:	Place of Birth:	
Current address:			Email Address:	
City:		State:		ZIP Code:
Mailing address:				
City:		State:		ZIP Code:
Business Address:				
City:		State:		ZIP Code:
Residence Phone:		Cell Phone:		Business Phone:
Driver's License Number:		State Issued:		Expiration Date:
Have you been arrested or convicted of any crime in the past five years; <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain on separate sheet)				
Vehicle				
Make:	Model:	Year:	Lic #:	State:
Travel Route and Safe Stopping Places:				
Activity				
<input type="checkbox"/> Store <input type="checkbox"/> Receive and/or Transport <input type="checkbox"/> Use <input type="checkbox"/> Manufacture <input type="checkbox"/> Sell				
Material				
Type of Explosive:				Quantity:
How/Where Stored:				
How/Where Used:				

Declaration

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 herein. I also understand that all unused inventory covered by permit on or before the expiration date will be disposed of in one of the following manners:

- The explosives shall be returned to source or
- Totally destroyed or
- New permit acquired

Name:	Signature:	Date:
Name:	Signature:	Date:
Name:	Signature:	Date:
Name:	Signature:	Date:

Approval

This permit is granted		To perform the activities noted above. This permit will become void after:	
The permittee is limited to perform these activities during the tenure of the permit and is subject to the conditions noted above			
<i>THIS PERMIT IS NOT TRANSFERABLE</i>			
Authorizing Signature:			Date:

P.O. Drawer "S" (550 South Clay Street) Independence, California 93526

A Professional Service Agency

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