



# FAIRFAX COUNTY FIRE & RESCUE DEPARTMENT

## OFFICE OF THE FIRE MARSHAL

Hazardous Materials Technical Support Branch

10700 Page Avenue

Fairfax, VA 22030

Telephone: 703-246-4386, Fax: 703-246-9476

<http://www.fairfaxcounty.gov/fr/prevention/>



# EXPLOSIVES

## Fire Prevention Code Permit Application

### CHECK ONE:

- COMPANY LICENSE, ONE YEAR (\$125) \*\*
- SITE, SIX MONTHS (\$150)
- VEHICLE/TRANSPORTATION, SIX MONTHS (\$65)
- LABORATORY, SIX MONTHS (\$125)

COMPANY NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

\_\_\_\_\_

OFFICE TELEPHONE: \_\_\_\_\_ EMERGENCY TELEPHONE: \_\_\_\_\_

### SITE ONLY:

JOB LOCATION: \_\_\_\_\_

JOB NAME: \_\_\_\_\_

ADC MAP PAGE & GRID #: \_\_\_\_\_

### VEHICLE/TRANSPORTATION ONLY:

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_ COLOR: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

MANUFACTURER'S I.D. NUMBER: (VIN) \_\_\_\_\_

COMPANY TRUCK NUMBER \_\_\_\_\_

REGISTERED OWNER \_\_\_\_\_

**\*\* Must Submit Current ATF License for Company License Permit Only**

**INSURANCE ON FILE WITH THIS OFFICE:**

PERMITS WILL ONLY BE PROCESSED WHEN PROOF OF \$5 MILLION  
INSURANCE COVERAGE IS PROVIDED OR IS ON FILE

IF NO, PLEASE FILL OUT INFORMATION LISTED BELOW AND  
PROVIDE A COPY OF INSURANCE INFORMATION

YES

NO

INSURANCE COMPANY: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

EFFECTIVE PERIOD: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

I HEREBY ACCEPT FULL RESPONSIBILITY FOR THE ADHERENCE OF ALL  
REQUIREMENTS OF THE FAIRFAX COUNTY FIRE PREVENTION CODE  
PERTAINING TO THE ABOVE APPLICATION.

COMPLETE PLANS AND CONSTRUCTION DETAILS MUST BE PRESENTED ON  
ALL MAJOR PROJECTS AND WHEN REQUESTED BY THE FAIRFAX COUNTY FIRE  
MARSHAL.

PRINT: \_\_\_\_\_

SIGN: \_\_\_\_\_

**FOR FIRE MARSHAL USE ONLY**

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Permit Expires:** \_\_\_\_\_

Certificated of Liability Insurance  ATF Permit  Blaster License/BBC

FIRE MARSHAL: \_\_\_\_\_

DATE: \_\_\_\_\_