



**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: 703-293-9476  
<http://www.fairfaxcounty.gov/fr/prevention/>



# EXPLOSIVES

Fire Prevention Code Permit Application

**CHECK ONE:**

**COMPANY LICENSE, ONE YEAR** (F3BLS3 - \$125)

**SITE, SIX MONTHS** (F3BLS1 - \$150)

**TRANSPORTATION/VEHICLE, SIX MONTHS** (F3BLS2 - \$65)

**LABORATORY USE, SIX MONTHS** (F3LABS - \$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 \_\_\_\_\_

**INSURANCE ON FILE WITH THIS OFFICE:**

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

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

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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