



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

www.fairfaxcounty.gov/fr/prevention/



EXPLOSIVES

Fire Prevention Code Permit Application

CHECK ONE:

- COMPANY LICENSE, ONE YEAR (\$150) **
- SITE, SIX MONTHS (\$180)
- VEHICLE/TRANSPORTATION, SIX MONTHS (\$78)
- LABORATORY, SIX MONTHS (\$150)

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

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: _____

Permit Expires: _____

Certificated of Liability Insurance ATF Permit Blaster License/BBC

FIRE MARSHAL: _____

DATE: _____