



**STATE OF MARYLAND
DEPARTMENT OF STATE POLICE
OFFICE OF THE STATE FIRE MARSHAL**

<http://mdsp.org/firemarshal>



LICENSE TO MANUFACTURE EXPLOSIVES APPLICATION

APPLICATION TYPE: NEW RENEWAL (Current License Number: _____ Expiration Date: _____)

Business Name:							
Business Address:							
City:		State		Zip Code:			
Business Phone:		Email:					
Application Type:	Individual: <input type="checkbox"/> Partnership: <input type="checkbox"/> Association: <input type="checkbox"/> Corporation: <input type="checkbox"/>						
Type of explosive to be manufactured:							
Reason for requesting a manufacturers license?							
Department of Treasury, Bureau of Alcohol, Tobacco, Firearms, and Explosives Permit Number (Attach Copy):							
Liability Insurance Company:		Policy / Binder Number (Attach Copy - \$300,000 Minimum):					
<i>* Liability Insurance does not apply to hand manufacturers using explosives for firearms.</i>							
Workers Compensation Insurance Policy or Binder Number (Attach Copy of Certificate of Compliance with the Maryland Worker Compensation Act:							
List All Locations in Maryland Where Explosives Will Be Stored Below (Attached Additional Sheets If More Space Required):							
Address:		City:					
Address:		City:					
Address:		City:					
If applying as a partnership, the below information must be completed for each member. If an association or corporation, the below information must be completed for each officer and / or director. Please use a separate sheet to list additional responsible persons, site facility managers, etc.							
Applicant Full Name:		Last Four Digits of Social Security #:		### - ## -			
Date of Birth:		Place of Birth:					
Home Address:							
City:		State:		Zip Code:			
Email:		Cellular:		Phone (Other):			
Applicant Full Name:		Last Four Digits of Social Security #:		### - ## -			
Date of Birth:		Place of Birth:					
Home Address:							
City:		State:		Zip Code:			
Email:		Cellular:		Phone (Other):			

Applicant Full Name:		Last Four Digits of Social Security #:		### - ## -	
Date of Birth:		Place of Birth:			
Home Address:					
City:		State:		Zip Code:	
Email:		Cellular:		Phone (Other):	
Applicant Full Name:		Last Four Digits of Social Security #:		### - ## -	
Date of Birth:		Place of Birth:			
Home Address:					
City:		State:		Zip Code:	
Email:		Cellular:		Phone (Other):	
Has the applicant or any officer, agent, or employee of the applicant, ever been convicted of any felony or misdemeanor involving violence? (If yes, please explain in detail on a separate sheet and attach)					Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Have you completed the background and fingerprint check conducted by the Federal Department of the Treasury's Alcohol, Tobacco, Firearms & Explosives (ATF) required by the Safe Explosive Act 2002?					Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If you answered "YES" to the above, <u>attach</u> all documentation from the ATF indicating your background and fingerprint check has been completed in accordance with the ATF Safe Explosives Act 2002.					
Maryland Law requires the Office of the State Fire Marshal to conduct a criminal records check of any person who requests a license to possess, sell or use explosives of any kind in the State of Maryland. Fingerprint submissions will only be accepted electronically. Please contact our office at 410-859-7152 and we will provide the applicant the "Livescan Pre-Registration" application along with the list of "Fingerprint Services" in Maryland. In addition there is a \$31.25 processing fee for the State and FBI background check, plus any additional cost to the vendor.					

LICENSE FEE SCHEDULE	Weight	Fee
	0 - 499 lbs.	<input type="checkbox"/> \$ 150.00
	500 - 4,999 lbs.	<input type="checkbox"/> \$ 300.00
	5,000 - 9,999 lbs.	<input type="checkbox"/> \$ 750.00
	10,000 or greater	<input type="checkbox"/> \$1,500.00
	TOTAL AMOUNT INCLOSED:	\$

APPLICATION INSTRUCTIONS

1. FEES TO PAID AT TIME OF APPLICATION AS CALCULATED ABOVE.

All fees must be paid in full via our online portal located at the following address:

<https://www.velocitypayment.com/client/maryland/osfm/index.html>

2. Certificate holders shall give the State Fire Marshal written notice of change of address within ten (10) business days after the change.

3. All areas of this application must be completed before submission. Failure to complete any part of this application may result in a delay in the processing of this application. Thank you for completing this application in its entirety.

SUBMIT APPLICATION TO:

Office of the State Fire Marshal
P.O. Box 436
Linthicum, MD 21090

Email: msp.osfmbms@maryland.gov

NOTE: All Applicants whether new or renewal will be subject to a criminal records check. By signature of the Applicant below, the Applicant agrees that there are no misrepresentations in or falsification of the statements and answers to the questions in this application. Any discrepancies will result in immediate disqualification of new Applicants or revocation of current Blaster's permit holders. Information in this application is used for identification purposes only to facilitate this investigation. Any Applicant possessing felony convictions will be immediately denied a Maryland State License to Deal in Explosives in accordance with the Public Safety Article of the Maryland Code.

AFFIDAVIT OF APPLICANT:

I, _____, have read and understand the terms set forth above pertaining to any misrepresentation or falsifications of statements and answers to any of the questions in this application.

Applicant Signature: _____ Date: _____

RETURN NOTARIZED APPLICATION AND FEES TO THE OFFICE OF THE STATE FIRE MARSHAL

State of _____

County of _____

On this _____ day of _____, 20____, before me, the undersigned officer, personally appeared before me _____, an officer of the business, and made oath in due form of the law that all information on this application and all statements made to procure a license are full, complete, correct, and true to the best of his/her knowledge, information, and belief; and also made oath that he/she is the officer of the business and is duly authorized to make this affidavit.

(SEAL)

NOTARY PUBLIC SIGNATURE	
My Commission Expires:	

WARNING: ANY PERSON WHO WILLFULLY MAKES A FALSE STATEMENT ON THIS APPLICATION IS GUILTY OF A MISDEMEANOR AND ON CONVICTION IS SUBJECT TO A FINE OF NOT MORE THAN \$1,000.00 OR IMPRISONMENT NOT EXCEEDING THREE (3) YEARS, OR BOTH.

FOR OFFICE OF STATE FIRE MARSHAL USE ONLY

Background Check Completed:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Federal Fingerprint Check Completed:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
State Fingerprint Check Completed:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Applicant Authorized to Proceed with Application Process:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If "NO", give an explanation why the applicant is not authorized to proceed with the application process:	

Date of Site Inspection:		
I have inspected the premises of the applicant on the above date, and have investigated the statements made in this application. (Attach a copy of the OSFM inspection report)		
<input type="checkbox"/>	I recommend that the applicant be granted a license to manufacture explosives.	
<input type="checkbox"/>	I recommend that the applicant be refused a license to manufacture explosives. If refused described why below.	
Employee Printed Name:		Employee ID Number: <input type="text"/>
OSFM Employee Signature		Date