



Colorado Department of Labor and Employment
Division of Oil and Public Safety – Explosives Program
633 17th Street, Suite 500
Denver, CO 80202-3610

Phone: 303-318-8552
Fax: 303-318-8534
Email: cdle_explosives@state.co.us
Web: www.colorado.gov/ops

Fingerprinting Background Check Instructions

(Revised 01/20/2021)

- All applicants (new and most renewals) are required to complete the fingerprinting process through two main vendors, **Colorado Fingerprinting or IdentoGo**. Please complete this step as you submit your Type I permit application to our office.
- If you are renewing your permit AND you are a designated **Responsible Person by the ATF**, please submit your company's Notice of Clearance indicating your status as Responsible Person with your application in lieu of completing the fingerprinting process. This is not the same as an Employee Possessor Clearance. If you have an Employee Possessor Clearance, you must complete a fingerprinting background check.
- Select a fingerprinting vendor to schedule your appointment using the information below:

A. If you are located in Colorado:

- **Colorado Fingerprinting:**

- i. Visit <https://www.coloradofingerprinting.com/cabs/> or contact the Colorado Fingerprinting call center at 833-224-2227.
- ii. Use CBI Unique Code **7187EPSI** when enrolling for your appointment.
- iii. Select CDLE DIVISION OF OIL AND PUBLIC SAFETY EXPLOSIVES PROGRAM: EXPLOSIVE PERMIT as the reason for fingerprinting.

- **IdentoGo:**

- i. Visit <https://uenroll.identogo.com/> or contact the IdentoGo call center at 844-539-5539.
- ii. When prompted, please enter the service code **25ZY3S**.

B. If you are not located in Colorado (out-of-state applicant):

- **Colorado Fingerprinting:**

- i. Register online as an "out-of-state" applicant at www.coloradofingerprinting.com. You may choose to pay online with a credit card or send a money order with your fingerprint card. Use CBI Unique Code **7187EPSI**.
- ii. Mail your fingerprint card (and money order if applicable) to 110 16th St, 8th Floor, Denver, CO 80202. **DO NOT MAIL TO CBI.**

- **IdentoGo:**

- i. Pre-enroll for cardscan submission at <https://uenroll.identogo.com/>. All fees will be collected during the pre-enrollment process. A confirmation page will be provided once registration is complete.
- ii. Print and sign the completed pre-enrollment confirmation page, which includes the barcode printed on the top right of the page. Mail the signed pre-enrollment confirmation page and the completed fingerprint card to the mailing address provided on the confirmation page. **DO NOT MAIL TO CBI.**

C. If you are located in Colorado, but a fingerprinting location is not available within at least 40 miles of your residence:

- You may obtain a fingerprint card from your local sheriff's office or police department. You may then mail the card to CBI: Colorado Bureau of Investigation or CBI, 690 Kipling Street — Suite 4000, Lakewood, CO 80215.
- Use **CONCJ7187** as the OCA number on your fingerprint card and list 9-7-108 as the State of Colorado statute reference.



Colorado Department of Labor and Employment
 Division of Oil and Public Safety – Explosives Program
 633 17th Street, Suite 500
 Denver, CO 80202-3610

Phone: 303-318-8552
 Fax: 303-318-8534
 Email: cdle_explosives@state.co.us
 Web: www.colorado.gov/ops

Type I Explosives Permit Application

(Revised 10/09/2020)

This application version supersedes all previous versions; our Program will reject all other versions. All fields must be completed. Failure to complete these sections may result in the delay of your permit application.

1. Applicant Type	New Applicant					
	Renewal Applicant		Current Permit #:			
2. Applicant Name	First:		Middle:		Last:	
	Other Last Names Used (including Maiden Name):					
	<input type="checkbox"/> Male	<input type="checkbox"/> Female				
3. Citizenship <i>Non-U.S. citizens must provide lawful residency documentation.</i>	<input type="checkbox"/> U.S.					
	<input type="checkbox"/> Other	Country Name:				
4. Driver's License <i>For the Transportation Classification only.</i>	Driver's License Number:	Please confirm with your issuing state that your hazmat endorsement is active.				
5. Email Address <i>Most correspondence will be sent via email.</i>						
6. Phone Numbers <i>Provide at least two phone numbers. Check the appropriate box to indicate your primary phone number.</i>	Work:					
	Home:					
	Cell:					
	Other:					
7. Physical Address <i>Do not enter U.S. or United States in the County field.</i>	Street:		City:			
	County:		State:	ZIP:		
8. Mailing Address	Street:					
	City:		State:	ZIP:		

9. Type II Company Information

List the names and Type II Permit numbers for each explosives operation for which you will use, transport or otherwise have access to or possession and control of explosive materials. This information is required and must be updated by the applicant whenever a change in employment or association occurs.

Company Name:		Type II Permit #:	
Company Name:		Type II Permit #:	

10. Explosives Use/Classification

One year of experience is required for each classification you select below, with the exception of the Possessor classification.

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Purchaser Limited <i>For the purchase or acquisition and possession of 1.4 and 1.5 classes of explosives and binary products.</i>
<input type="checkbox"/> Avalanche Mitigation	<input type="checkbox"/> Purchasing Agent
<input type="checkbox"/> Construction <i>You must also either apply for the Transportation classification OR provide a written detailed plan for the legal transportation for explosives to and from the construction site.</i>	<input type="checkbox"/> Quarry
<input type="checkbox"/> Construction Limited <i>For the use and transportation of explosive materials with a transportation classification of 1.4, 1.5 or binary products only.</i>	<input type="checkbox"/> Research & Development
<input type="checkbox"/> Dealer	<input type="checkbox"/> Sales Agent
<input type="checkbox"/> Demolition	<input type="checkbox"/> Special Operations Forces Training
<input type="checkbox"/> Geophysical Research	<input type="checkbox"/> Training
<input type="checkbox"/> Industrial Cleaning	<input type="checkbox"/> Transportation <i>This classification is required for the transportation of explosive materials, and blasting agents, in quantities required to be placarded across, or over, roads within the state.</i>
<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Unexploded Ordnance Disposal
<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Warehouse Personnel
<input type="checkbox"/> Possessor <i>Available to applicants who do not possess the 12-month experience requirement. This classification will authorize the transportation, possession, storage, or handling of explosives.</i>	<input type="checkbox"/> Water Well Cleaning
<input type="checkbox"/> Powder Actuated Tools	<input type="checkbox"/> Well Perforation
	<input type="checkbox"/> Other:

11. Explosives/Blasting Experience

New applicants and Renewal applicants applying for additional permit classifications not included on their original applications must complete this section. Begin with your current or most recent employment and experience involving explosives or blasting. If you are/were seasonally employed, please use both lines in the Dates of Employment section to indicate the specific months of employment. If you need more space, use the back of this sheet. The required check box below does not apply to the Possessor classification.

Company Name:					
Company Address:	Street:				
	City:		State:		ZIP:
Phone Number:			Position:		
Dates of Employment:	From:		To:		
	From:		To:		

Company Name:					
Company Address:	Street:				
	City:		State:		ZIP:
Phone Number:			Position:		
Dates of Employment:	From:		To:		
	From:		To:		

I have the required minimum 12 months experience and confirm that the information above is correct.

12. Yes/No Questions

Read these questions carefully and answer all of them. Your responses to these questions will be reviewed during the background check process, and failure to correctly identify your responses to these questions may result in the processing delay or denial of your application.

A. Are you a fugitive from justice?	Select
B. Have you been charged by information or are under indictment in any court for a felony or any other crime punishable by imprisonment for a term exceeding one year? (Punishable by term of imprisonment may be different from the final sentence .)	Select
C. Have you been convicted in any court of a crime punishable by imprisonment for a term exceeding one year? (Punishable by term of imprisonment may be different from the final sentence .)	Select
D. Are you an unlawful user of, or addicted to, marijuana or any depressant, stimulant, or narcotic drug, or any other controlled substance?	Select
E. Are you currently on probation that has the following restrictions: possessing or using a firearm, possessing or using explosives, an interlock device for driving or operating a vehicle?	Select
F. Have you ever been discharged from the armed forces under dishonorable conditions?	Select
G. Have you ever renounced your United States citizenship?	Select
H. Are you an alien in the United States? If "YES," please provide lawful resident documentation.	Select
I. Have you been under litigation for misuse of explosives?	Select
J. Have you been denied a Colorado explosives permit or had an explosives permit/license revoked in any other state?	Select
K. I hereby authorize the Colorado Department of Labor and Employment (CDLE), or their designee, to conduct a criminal background check for the purpose of ascertaining whether or not I have a prior criminal conviction or current/pending charges. I understand that CDLE may consider the information from this background check in its decision to issue a permit; and this information may be shared and released to authorized CDLE employees to complete the permitting process.	Select

13. Signed Certification

This section must be completed and signed.

Applicant Certification

In consideration of the penalties of perjury as described in Colorado Revised Statutes § 18-8-501, I declare that I have completed this application and documents submitted in support thereof, and that they are true and correct to the best of my knowledge. I further certify that I am both familiar and in compliance with all applicable laws, rules and regulations pertaining to explosive materials, including use, handling, storage, and transportation for the location in which I intend to do business. I authorize the Colorado Division of Oil and Public Safety or their designee to conduct an investigation, including but not limited to, a check of my criminal history, in order to determine my qualifications for an explosive permit. I understand that I am responsible for notifying the Division regarding any charges or convictions concerning a crime punishable by imprisonment exceeding one year at any time.

I certify that I am 21 years of age or older.

Applicant's Legal Signature:		Date:
Applicant's Printed Legal Name:		Job Title:



Colorado Department of Labor and Employment
 Division of Oil and Public Safety – Explosives Program
 633 17th Street, Suite 500
 Denver, CO 80202-3610

Phone: 303-318-8552
 Fax: 303-318-8534
 Email: cdle_explosives@state.co.us
 Web: www.colorado.gov/ops

Notification to Police Departments or Sheriff’s Offices of Application for Colorado Explosives Permit

(Revised 8/18/2017)

Applicant: Complete this form and submit it to your local police department or sheriff’s office.

The person named below is applying to the Division of Oil and Public Safety (OPS) for a Type I Explosives Permit. If the application is approved, the permit may grant the possessor the right to use, manufacture, possess, sell, transport or dispose of explosive materials or blasting agents in the State of Colorado on behalf of their employer. The information below is being furnished to your agency for the purpose of ensuring that local law enforcement officials are aware of the existence of explosives permit holders that may be within your jurisdiction. **The applicant is NOT required to return this form to OPS;** however, your agency is encouraged to contact OPS if there is cause to believe the applicant is unfit to hold a Type I Explosives Permit.

Applicant Information

Applicant Name:	First:		Middle:		Last:		
Date of Birth:				Phone Number:			
Driver’s License/ ID Card Number:				State:			
Residential Address:	Street:				City:		
	County:			State:			
					ZIP:		

For applicants with permanent addresses outside of Colorado:

Colorado Address:	Street:		City:			
	County:			State:		
					ZIP:	

Business Employer Information

Company Name:							
Company Address:	Street:				City:		
	County:			State:			
					ZIP:		

For businesses with permanent addresses outside of Colorado:

Colorado Address:	Street:		City:			
	County:			State:		
					ZIP:	