



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

Phone: 303-318-8552  
Fax: 303-318-8534  
Email: [cdle\\_explosives@state.co.us](mailto:cdle_explosives@state.co.us)  
Web: [www.colorado.gov/ops](http://www.colorado.gov/ops)

## Type II Explosives Permit Application

The Division of Oil and Public Safety requires a Type II Explosives permit for corporations, companies, partnerships, firms, individuals operating a business, associations and state or local government agencies involved in the use, purchase, sale, manufacture, transportation, or disposal of explosives. Type II Explosives permits will be issued for up to 36 months upon approval.

### Instructions

1. Complete ALL sections of the application and submit the application with the \$225.00 application fee (via check or money order made payable to the Division of Oil and Public Safety; [contact us](#) if you would like to pay online). **Application fees are not refundable.** Please note the following items:

- **Email Address of Applicant Representative:** Most correspondence from the Division of Oil and Public Safety (including a digital copy of the permit) will be sent to this email address;
- **Classification(s) of Use:** Be sure to read this section carefully and comply with any requirements for your classification(s). Any classification not specified should be listed under the Special Use classification;
- **Type I Individuals Listed with the Type II Applicant:** This information is required and must be updated by the Type II applicant whenever a change in the employment status or association of any of the associated Type I permit-holders, or whenever there is an addition of a Type I permit-holder;
- **Type I Individuals Authorized to Order and Receive Explosives:** The list of Type I permit-holders authorized to order and receive explosives on behalf of the purchaser shall be provided to your explosives dealer(s) prior to the purchase of explosives;
- **Responsible Person(s):** List the name(s), required information, and signature(s) of the owner(s), partner(s), or manager(s) who will have access to explosive material, and be **directly responsible for the applicant's compliance with explosive rules and regulations.** Each person listed must currently hold a valid Type I permit or be in the process of applying for a Type I permit.
- **Signed Certification:** This form must be completed and signed by the Applicant Representative.

2. You may email the completed application to [cdle\\_explosives@state.co.us](mailto:cdle_explosives@state.co.us) and remit the payment [online](#), or mail the completed application and payment for the application fee to:

Division of Oil and Public Safety  
Explosives Program  
633 17<sup>th</sup> Street, Suite 500  
Denver, CO 80202-3610

If you have any questions about the application or need further assistance, please call the Explosives Program at 303-318-8552 or email us at [cdle\\_explosives@state.co.us](mailto:cdle_explosives@state.co.us).



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## Type II Explosives Permit Application

(Revised 01/30/2020)

<b>1. Applicant Name &amp; Type II Permit Number</b>	Applicant Name:					
	Type II Permit Number: <i>(for renewing applicants only)</i>					
<b>2. Primary Point of Contact</b>	Name:					
	Phone Number:					
	Email Address:					
<b>3. Secondary Point of Contact</b>	Name:					
	Phone Number:					
	Email Address:					
<b>4. Physical Address</b>	Street:		City:			
	<b>County:</b>		State:		ZIP:	
<b>5. Mailing Address</b>	Street:		City:			
	City:		State:		ZIP:	
<b>6. Business Type</b>	<input type="checkbox"/> Association <input type="checkbox"/> Company <input type="checkbox"/> Corporation		<input type="checkbox"/> Government Agency <input type="checkbox"/> Individually-owned <input type="checkbox"/> Partnership		<input type="checkbox"/> Other:	
<b>7. Classifications</b>	<input type="checkbox"/> Dealer - <i>Include a copy of your Federal dealer's license.</i>			<input type="checkbox"/> Manufacturer - <i>Include a copy of your Federal manufacturer's license.</i>		
	<b>Explosives Selling Location(s)</b>			<b>Manufacturing Facility Location(s)</b>		
	<input type="checkbox"/> Construction - <i>If applying for the Construction classification, you must also either apply for the Transportation classification or provide a written plan for the legal transportation of explosives to and from the construction site.</i>			<input type="checkbox"/> Purchaser - <i>Complete question 9.</i>		
	<input type="checkbox"/> Construction Limited - <i>For the use and transportation of 1.4, 1.5 or binary products only.</i>			<input type="checkbox"/> Purchaser Limited - <i>For the purchase of 1.4, 1.5 or binary products only. Complete question 9.</i>		
<input type="checkbox"/> Avalanche Mitigation <input type="checkbox"/> Demolition <input type="checkbox"/> Geophysical Research <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Powder Actuated Tools			<input type="checkbox"/> Special Use: <input type="checkbox"/> Transportation - <i>Include a copy of your Public Utilities Commission (PUC) permit.</i> <input type="checkbox"/> Quarry <input type="checkbox"/> Research & Development <input type="checkbox"/> Unexploded Ordnance Disposal <input type="checkbox"/> Water Well Cleaning <input type="checkbox"/> Well Perforation			



### 10. Responsible Party Information

*Under the penalties of perjury and the penalties imposed by the State of Colorado, Division of Oil and Public Safety, I certify that I am both familiar and in compliance with all applicable laws, rules and regulations pertaining to explosive materials, including use, manufacture, sale, purchase, storage and transportation for the location in which I intend to do business.*

Name, Permit Number, Title and Signature		Physical Home Address		Citizenship
1	Name:	Street:		<input type="checkbox"/> U.S. <input type="checkbox"/> Other:
	Title:	City:		
	Signature:	State:		
	Type I Permit Number:	ZIP:		
2	Name:	Street:		<input type="checkbox"/> U.S. <input type="checkbox"/> Other:
	Title:	City:		
	Signature:	State:		
	Type I Permit Number:	ZIP:		
3	Name:	Street:		<input type="checkbox"/> U.S. <input type="checkbox"/> Other:
	Title:	City:		
	Signature:	State:		
	Type I Permit Number:	ZIP:		
4	Name:	Street:		<input type="checkbox"/> U.S. <input type="checkbox"/> Other:
	Title:	City:		
	Signature:	State:		
	Type I Permit Number:	ZIP:		

**11. Signed Certification****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.

Type II Applicant Name:			
Applicant Representative Name:			
Applicant Representative Signature:		Date:	