



Colorado Department of Labor and Employment  
Division of Oil and Public Safety – Explosives Program  
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# 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:	