



Colorado Department of Labor and Employment  
Division of Oil and Public Safety – Explosives Program  
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Denver, CO 80202-3610

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## **TYPE I EXPLOSIVES PERMIT**

All individuals who use, transport, possess, control or have access to explosives must obtain a Type I permit. A Type I permit shall only be valid if the access to, use, transportation, possession or control of explosives is with the consent or direction of the lawful Type II possessor of explosives for whom the individual is employed or otherwise associated. A Type I Permit alone is not valid for the purchase or acquisition of explosives. Type I explosives permits will be issued for up to 36 months upon approval.

## **APPLICATION INSTRUCTIONS**

1. Complete **ALL** sections of the application and submit the application with the \$110.00 application fee (via check or money order made payable to the Division of Oil and Public Safety). Please note the following items:
  - **Notarized Certification – This form must be completed, signed by the applicant in the presence of a notary public, and notarized prior to submitting the application to the Division of Oil and Public Safety (OPS);**  
**Please note: ANY** alterations or mistakes that occur in the notarized certification section of this application must be crossed out, rewritten without error, and initialed by both the applicant and notary.
  - **Fingerprint Card – Applicant must have a fingerprint card completed by the sheriff's office in the county in which the applicant resides and submit the card with the application;**
  - **Notification to Police Departments or Sheriff's Offices – Applicants are required to complete the form and submit it to their local law enforcement agency during their fingerprinting process.** Applicants are not required to return this form to OPS;
  - **Exam Requirements – New applicants are required to take an exam and obtain a score of 90% or higher. Renewing applicants are required to take an exam OR submit approved training records each time they renew their permits.** This exam is based upon the explosives regulations and adopted standards regarding the use of explosives for each class of permit. Upon receipt and review of a completed application you will be sent an Examination Invitation email or postcard with more details, including exam dates and locations. You may then RSVP for one of the exam dates by contacting OPS. Applicants must submit an application and receive an invitation in order to sit for the explosives exam. Please have a valid ID when you arrive to take the exam;
  - **Photo Requirement –** Renewing applicants who submit continuing education documentation in lieu of taking the exam must also submit a digital photo to OPS. Please e-mail all digital photos to [cdle\\_explosives@state.co.us](mailto:cdle_explosives@state.co.us);
2. Send the completed application, the fingerprint card, and payment for the application fee to:  
**Division of Oil and Public Safety  
Explosives Program  
633 17th Street, Suite 500  
Denver, CO 80202**
3. If you need further assistance, please call the Explosives Program at (303) 318-8552.



**10. NAME AND COLORADO TYPE II PERMIT NUMBER OF THE EXPLOSIVES BUSINESS(ES) OR OPERATION(S) FOR WHOM 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.)

\_\_\_\_\_  
 (NAME)

\_\_\_\_\_  
 (PERMIT NUMBER)

\_\_\_\_\_  
 (NAME)

\_\_\_\_\_  
 (PERMIT NUMBER)

\_\_\_\_\_  
 (NAME)

\_\_\_\_\_  
 (PERMIT NUMBER)

**11. SELECT THE USE(S) OR CLASSIFICATION OF EXPLOSIVE PERMIT FOR WHICH YOU ARE APPLYING**

(This is the classification of use for which the applicant is applying. One year of experience is required for each classification.)

**AGRICULTURE**

**PURCHASING AGENT**

**AVALANCHE CONTROL**

**QUARRY**

**CONSTRUCTION**

If you apply for the Construction classification, you **MUST** also apply for the Transportation classification OR provide a written plan for the legal transportation of explosives to and from the construction site

**RESEARCH & DEVELOPMENT**

**SALES AGENT**

**CONSTRUCTION LIMITED**

For the use and transportation of explosive materials with a transportation classification of 1.4, 1.5 or binary products only

**SPECIAL OPERATIONS FORCES TRAINING**

**TRAINING**

**DEALER**

**TRANSPORTATION**

You **MUST** submit a copy of your commercial driver's license (with hazardous materials endorsement) with your application. 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.

**DEMOLITION**

**GEOPHYSICAL RESEARCH**

**UNEXPLODED ORDNANCE DISPOSAL (UXO)**

**INDUSTRIAL CLEANING**

**WAREHOUSE PERSONNEL**

**LAW ENFORCEMENT**

**MANUFACTURER**

**WELL PERFORATION**

**POWDER ACTUATED TOOLS**

**OTHER USE NOT INCLUDED IN LIST:**

**PURCHASER LIMITED**

\_\_\_\_\_

**12. RECORD OF EXPLOSIVES AND BLASTING EXPERIENCE**

(To be completed by new applicants and renewal applicants applying for an additional permit classification not included on their original application. **BEGIN WITH YOUR PRESENT OR MOST RECENT EXPERIENCE** involving explosives and/or blasting and list fully and accurately the details of duties performed at each employer or operation. If more space is needed, use the back of this sheet.)

FROM		TO		EMPLOYER'S NAME AND ADDRESS	DESCRIPTION OF DUTIES RELATING TO EXPLOSIVES OR BLASTING OPERATIONS
MONTH	YEAR	MONTH	YEAR		
				COMPANY _____ ADDRESS _____ POSITION _____ SUPERVISOR _____ TELEPHONE _____	
				COMPANY _____ ADDRESS _____ POSITION _____ SUPERVISOR _____ TELEPHONE _____	

**13. THE APPLICANT MUST ANSWER THE FOLLOWING QUESTIONS WITH A "YES" OR "NO" IN THE BOX**

(All questions **MUST** be answered. Read each question carefully.)

A. Are you charged by information or under indictment in any court for a crime <i><b>punishable</b></i> by imprisonment for a term exceeding one year? ( <b>"Punishable by" term of imprisonment may be different than the final "sentence".</b> )	
B. Are you a fugitive from justice?	
C. Are you under 21 years of age?	
D. Are you an unlawful user of, or addicted to, marijuana or any depressant, stimulant, or narcotic drug, or any other controlled substance?	
E. Have you been convicted in any court of a crime <i><b>punishable</b></i> by imprisonment for a term exceeding one year? ( <b>"Punishable by" term of imprisonment may be different than the final "sentence".</b> )	
F. Have you been adjudicated as a mental defective (which includes having been adjudicated incompetent to manage your own affairs) or have you ever been committed to any mental institution?	
G. Have you ever been discharged from the armed forces under dishonorable conditions?	
H. Have you ever renounced your United States citizenship?	
I. Are you an alien in the United States?	
J. Have you been under litigation for misuse of explosives?	
K. Have you been denied an explosive permit or license, or had an explosive permit or license revoked in any other state?	

14. APPLICANTS AND NOTARY PUBLICS: Any alterations or mistakes that occur in the notarized certification section of this application must be crossed out, rewritten without error, and initialed by both the applicant and the notary.

### NOTARIZED CERTIFICATION

Under the penalties of perjury and the penalties imposed by the State of Colorado, Division of Oil and Public Safety, 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.

_____	_____	_____
(APPLICANT'S LEGAL SIGNATURE)	(JOB TITLE)	(DATE)
_____	WHO RESIDES AT _____	_____
(APPLICANT'S PRINTED LEGAL NAME)	(PHYSICAL STREET ADDRESS)	
_____	IN THE COUNTY OF _____	_____
(CITY)	(STATE)	(Do not write U.S. or United States)

### NOTARY PUBLIC ACKNOWLEDGEMENT

SUBSCRIBED AND AFFIRMED BEFORE ME IN THE COUNTY OF \_\_\_\_\_, IN THE STATE OF \_\_\_\_\_

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_ MY COMMISSION EXPIRES: \_\_\_\_\_

NOTARY OFFICIAL SIGNATURE

