



Colorado Department of Labor and Employment
Division of Oil and Public Safety – Explosives Program
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Web: www.colorado.gov/cdle/explosives

NOTIFICATION TO POLICE DEPARTMENTS OR SHERIFF'S OFFICES OF APPLICATION FOR COLORADO EXPLOSIVES PERMIT

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 explosives 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/explosives permit holders that may be operating within your area of 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: _____
First Name M.I. Last Name

_____ Date of Birth Driver's License / ID Card Number State

_____ Residential Street Address City State

_____ Zip County Phone Number

_____ Temporary Colorado Address City State
(for persons with permanent addresses outside of Colorado)

_____ Zip County

Business / Employer: _____

_____ Street Address City Zip County

_____ Address of Colorado Operations City Zip County
(for businesses based outside of Colorado)