



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

Phone: 303-318-8525  
Fax: 303-318-8534  
Email: [cdle\\_explosives@state.co.us](mailto:cdle_explosives@state.co.us)  
Web: [www.colorado.gov/ops/explosives](http://www.colorado.gov/ops/explosives)

## **TYPE I EXPLOSIVES PERMIT APPLICATION**

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.

### **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). **Application fees are not refundable.** Please note:
  - **Record of Blasting Experience:** **NEW APPLICANTS** are required to have not less than one year of explosive experience or on the job training in explosives specific to at least one permit classification. You **MUST** be qualified by reason of training, knowledge, and experience in the field of using, transporting, possessing, storing or handling of explosives, and have a working knowledge of state, federal and local laws and regulations which pertain to explosives.
  - **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). **ANY alterations or mistakes that occur in the notarized certification section of this application must be corrected and then initialed by both the applicant and notary.**
  - **Fingerprint Card:** **NEW APPLICANTS** must submit a fingerprint card that has been completed by a law enforcement agency or licensed fingerprinting vendor. Please remember to sign your fingerprint card. Renewing applicants are no longer required to submit fingerprint cards unless specifically requested by our office.
  - **Notification to Police Departments or Sheriff's Offices:** All applicants are required to complete the form and submit it to their local law enforcement agency. 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 either take an exam OR submit approved training records each time they renew their permits.** The exam is based upon the explosives regulations and adopted standards regarding the use of explosives for each class of permit. After your background check is successfully completed, you will receive an Exam Invitation via email with upcoming exam dates and locations. You may then RSVP for one of the scheduled exam dates.
  - **Photo Requirement:** Renewing applicants who opt to submit approved training instead of taking the exam must also submit a digital photo to OPS. Please email your digital photo to [cdle\\_explosives@state.co.us](mailto:cdle_explosives@state.co.us) at the same time that you submit your application.
2. Send the completed application, 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 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).



## TYPE I PERMIT APPLICATION

### 1. TYPE OF APPLICANT

**NEW APPLICATION**

**RENEWAL APPLICATION**

**CURRENT PERMIT NUMBER** \_\_\_\_\_

(For Renewing Applicants Only)

### 2. NAME OF APPLICANT (Legal name & gender)

\_\_\_\_\_  
(FIRST)

\_\_\_\_\_  
(MIDDLE INITIAL)

\_\_\_\_\_  
(LAST)

MALE

FEMALE

### 3. DATE OF BIRTH (Applicant must be at least 21 years of age)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(MONTH) (DAY) (YEAR)

### 4. SOCIAL SECURITY NUMBER

(Applicant's voluntary disclosure of his or her social security number allows the State to conduct a more accurate background check and helps to expedite processing of the explosive permit application.)

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

\* This information is provided in accordance with Section 7(b) of the Privacy Act of 1974. The Applicant's voluntary disclosure of his or her social security number allows the state or county sheriff to conduct a more accurate and speedy background check, helping to expedite the processing of the explosives permit application. The request for social security number information is pursuant to 9-7-104 through 9-7-105 C.R.S. and 7 C.C.R. 1101-9. The Applicant's social security number disclosure is wholly voluntary.

### 5. DRIVER'S LICENSE

(A copy of a valid commercial driver's license with a Hazardous Materials endorsement must be submitted if applying for the Transportation classification.)

\_\_\_\_\_  
(NUMBER) (STATE)

### 6. CITIZENSHIP

(Applicant must be a U.S. citizen or provide a copy of a work visa, permanent alien resident card, or ATF permit/clearance.)

U.S.

OTHER:

\_\_\_\_\_  
(COUNTRY)

### 7. EMAIL ADDRESS

(Most correspondence from the Division of Oil and Public Safety will be via email. If you don't have an email account, there are companies that offer free accounts. Although we don't endorse any particular service, you may consider using [Google](#) or [Yahoo!](#) to create an email account.)

\_\_\_\_\_  
(EMAIL ADDRESS)

### 8. TELEPHONE

(Please provide at least two phone numbers we may use to contact you directly)

\_\_\_\_\_  
(PHONE)

\_\_\_\_\_  
(ALTERNATIVE)

### 9. PHYSICAL ADDRESS

(Applicant's physical residence and county.)

\_\_\_\_\_  
(STREET OR ROUTE)

\_\_\_\_\_  
(CITY)

\_\_\_\_\_  
(STATE)

\_\_\_\_\_  
(ZIP CODE)

\_\_\_\_\_  
**COUNTY** (Do not write U.S. or United States)

### 10. MAILING ADDRESS (If **different** from physical address)

\_\_\_\_\_  
(ADDRESS 1)

\_\_\_\_\_  
(ADDRESS 2)

\_\_\_\_\_  
(CITY)

\_\_\_\_\_  
(STATE)

\_\_\_\_\_  
(ZIP CODE)

**11. 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.)

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

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

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

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

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

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

**12. SELECT THE USE(S) OR CLASSIFICATION(S) 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**

**QUARRY**

**AVALANCHE CONTROL**

**RESEARCH & DEVELOPMENT**

**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 for explosives to and from the construction site.

**SALES AGENT**

**SPECIAL OPERATIONS FORCES TRAINING**

**CONSTRUCTION LIMITED**

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

**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**

**UNEXPLODED ORDINANCE DISPOSAL (UXO)**

**GEOPHYSICAL RESEARCH**

**WAREHOUSE PERSONNEL**

**INDUSTRIAL CLEANING**

**WATER WELL CLEANING**

**LAW ENFORCEMENT**

**WELL PERFORATION**

**MANUFACTURER**

**OTHER USE NOT INCLUDED IN LIST**

**POWDER ACTUATED TOOLS**

**PURCHASER LIMITED**

**PURCHASING AGENT**

**13. 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 CURRENT EMPLOYMENT AND EXPERIENCE (or most recent)** involving explosives and/or blasting. (If more space is needed, use the back of this sheet.)

EMPLOYER'S NAME AND ADDRESS							
COMPANY							
STREET ADDRESS							
CITY, STATE, ZIP							
TELEPHONE				POSITION			
FROM		TO		(For seasonal employment/employment breaks)			
				FROM		TO	
MONTH	YEAR	MONTH	YEAR	MONTH	YEAR	MONTH	YEAR

PLEASE REVIEW THE INFORMATION ON THE LEFT FOR ACCURACY. IF YOU CURRENTLY MEET THE REQUIRED MINIMUM OF 12 MONTHS OF EXPERIENCE AND THE INFORMATION ON THE LEFT IS CORRECT, PLEASE CONFIRM BY INITIALING BELOW.

EMPLOYER'S NAME AND ADDRESS							
COMPANY							
STREET ADDRESS							
CITY, STATE, ZIP							
TELEPHONE				POSITION			
FROM		TO		(For seasonal employment/employment breaks)			
				FROM		TO	
MONTH	YEAR	MONTH	YEAR	MONTH	YEAR	MONTH	YEAR

\_\_\_\_\_  
(Initials)

**14. APPLICANT MUST ANSWER THE FOLLOWING QUESTIONS WITH A "YES" OR "NO"** (All questions **MUST** be answered. Read **each** question carefully.)

A. Are you charged by information or under indictment in any court for a crime <b>punishable</b> by imprisonment for a term exceeding one year? ("Punishable by" term of imprisonment may be different than the final "sentence".)	
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 <b>punishable</b> by imprisonment for a term exceeding one year? ("Punishable by" term of imprisonment may be different than the final "sentence".)	
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?	





## 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 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: \_\_\_\_\_  
First Name M.I. Last Name

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

\_\_\_\_\_ Residential Street Address City State

\_\_\_\_\_ Zip Code County Phone Number

\_\_\_\_\_ Temporary Colorado Address City State  
**(For persons with permanent address outside of Colorado)**

\_\_\_\_\_ Zip Code County

Business/Employer: \_\_\_\_\_

\_\_\_\_\_ Street Address City Zip County

\_\_\_\_\_ Street Address City Zip County  
**(For business based outside of Colorado)**