



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 II EXPLOSIVES PERMIT**

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.

### **APPLICATION 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). 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.
  - **Notarized Certification** – **This form must be completed and signed by the Applicant Representative in the presence of a notary public and notarized prior to submitting the application to the Division of Oil and Public Safety.** (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.)
2. Send the completed application and payment for the application fee to:

**Division of Oil and Public Safety  
Explosives Program  
633 17th Street, Suite 500  
Denver, CO 80202**

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).

**COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT**

Division of Oil and Public Safety  
633 17th Street, Suite 500  
Denver, CO 80202  
(303) 318-8525

<b>TYPE II PERMIT APPLICATION</b>	
<b>1. NAME OF APPLICANT</b> <small>(Company, corporation, organization, or government agency applying for a permit)</small>	<b>CURRENT TYPE II PERMIT NUMBER</b> <small>(For renewing applicants only)</small>
<b>2. PRIMARY POINT OF CONTACT</b> <small>(For all correspondence)</small>	<b>3. TYPE I PERMIT NUMBER</b> <small>(If applicable)</small>
<b>4. TELEPHONE NUMBER</b> <small>(Applicant must provide phone numbers where their applicant representatives can be reached.)</small>	<b>5. EMAIL ADDRESS</b> <small>(Most correspondence from the Division of Oil &amp; Public Safety will be via email)</small>
<b>Primary:</b> _____  <b>Secondary:</b> _____	<b>Primary:</b> _____  <b>Secondary:</b> _____
<b>6. PHYSICAL ADDRESS</b>	<b>7. MAILING ADDRESS</b>
_____ <small>(STREET OR ROUTE)</small>  _____ <small>(CITY)</small>  _____      _____      _____ <small>(STATE)                      (ZIP CODE)                      (COUNTY)</small>	_____ <small>(ADDRESS 1)</small>  _____ <small>(ADDRESS 2)</small>  _____      _____      _____ <small>(CITY)    (STATE)                      (ZIP CODE)</small>
<b>8. IS, OR WILL, YOUR BUSINESS BE</b>	
INDIVIDUALLY OWNED      A PARTNERSHIP      A COMPANY      A CORPORATION      AN ASSOCIATION      A GOVERNMENT AGENCY  OTHER: _____	
<b>9. CHECK CLASSIFICATION(S) OF THE PERMIT YOU ARE APPLYING FOR</b>	
<b>MANUFACTURER</b> – Please include a copy of your Federal manufacturer’s license. <b>LOCATION(S) OF MANUFACTURING FACILITIES:</b>  _____  _____  <b>CONSTRUCTION</b> – If applying for the Construction classification you <b>MUST</b> also apply for the Transportation classification OR provide a written plan for the legal transportation of explosives to and from the construction site.  <b>PURCHASER</b> – Please complete question 11  <b>TRANSPORTATION</b> – Please include a copy of your Public Utilities Commission (PUC) permit.  <b>AVALANCHE CONTROL</b> <b>LAW ENFORCEMENT</b>  <b>DEMOLITION</b> <b>POWDER ACTUATED TOOLS</b>  <b>GEOPHYSICAL RESEARCH</b> <b>QUARRY</b>	<b>DEALER</b> – Please include a copy of your Federal dealer’s license. <b>LOCATION(S) WHERE EXPLOSIVES WILL BE SOLD FROM:</b>  _____  _____  <b>CONSTRUCTION LIMITED</b> – For the use and transportation of explosive materials with a transportation classification of 1.4, 1.5 or the binary products only.  <b>PURCHASER LIMITED</b> – Please complete question 11 (for the purchase of 1.4, 1.5 or binary products only)  <b>SPECIAL USE:</b> (Special Operation Forces Training, etc.)  _____  <b>RESEARCH &amp; DEVELOPMENT</b> <b>WELL PERFORATION</b>  <b>WATER WELL CLEANING</b> <b>UXO</b>



**12. PLEASE LIST ALL TYPE I PERMITTED INDIVIDUALS WHO WILL HAVE POSSESSION, CONTROL OR ACCESS TO EXPLOSIVES**

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.

	FULL NAME, PERMIT NUMBER, TITLE & SIGNATURE	HOME ADDRESS (PHYSICAL)	CITIZENSHIP
<b>RESPONSIBLE PARTY #1</b>	_____ (NAME)  _____ (STATE OF COLORADO TYPE I PERMIT NUMBER)  _____ (TITLE)  _____ (SIGNATURE)	_____ (STREET OR ROUTE)  _____ (CITY)  _____          _____ (STATE)                          (ZIP CODE)	<b>U.S.</b>  <b>OTHER:</b> _____
<b>RESPONSIBLE PARTY #2</b>	_____ (NAME)  _____ (STATE OF COLORADO TYPE I PERMIT NUMBER)  _____ (TITLE)  _____ (SIGNATURE)	_____ (STREET OR ROUTE)  _____ (CITY)  _____          _____ (STATE)                          (ZIP CODE)	<b>U.S.</b>  <b>OTHER:</b> _____
<b>RESPONSIBLE PARTY #3</b>	_____ (NAME)  _____ (STATE OF COLORADO TYPE I PERMIT NUMBER)  _____ (TITLE)  _____ (SIGNATURE)	_____ (STREET OR ROUTE)  _____ (CITY)  _____          _____ (STATE)                          (ZIP CODE)	<b>U.S.</b>  <b>OTHER:</b> _____
<b>RESPONSIBLE PARTY #4</b>	_____ (NAME)  _____ (STATE OF COLORADO TYPE I PERMIT NUMBER)  _____ (TITLE)  _____ (SIGNATURE)	_____ (STREET OR ROUTE)  _____ (CITY)  _____          _____ (STATE)                          (ZIP CODE)	<b>U.S.</b>  <b>OTHER:</b> _____

**13. 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 understand the submission of this application shall be a certification by the applicant that the applicant has read, understands, accepts the explosives regulations of the State of Colorado, Division of Oil and Public Safety, and shall comply with all requirements of these regulations. I further certify that I am both familiar and in compliance with all applicable laws, rules and regulations pertaining to explosive materials, including the use, manufacture, sale, purchase, storage and transportation for the location in which the applicant intends to do business.

FOR \_\_\_\_\_  
(NAME OF TYPE II APPLICANT)

BY \_\_\_\_\_ WHO RESIDES AT \_\_\_\_\_  
(APPLICANT'S REPRESENTATIVE) (STREET ADDRESS)

\_\_\_\_\_  
(CITY) (STATE) IN THE COUNTY OF \_\_\_\_\_  
(Do not write U.S. or United States)

\_\_\_\_\_  
(SIGNATURE OF APPLICANT REPRESENTATIVE) (DATE)

### NOTARY PUBLIC ACKNOWLEDGEMENT

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

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

\_\_\_\_\_  
(NOTARY OFFICIAL SIGNATURE) MY COMMISSION EXPIRES \_\_\_\_\_