



Louisiana Explosives License Application Packet

Submit applications to : Explosives Control Unit, P.O. Box 66168, A-16, Baton Rouge, LA 70896-6168 If you have any questions you may contact the Explosives Control Unit at (225) 925-4893 ext. 215.

The current version of the application and further information can also be found at:
www.lsp.org/esu.html.

Overnight mail should be sent to:

Explosives Control Unit, 7919 Independence Blvd. Baton Rouge, LA 70806

For Magazine License Applications Only

Applicants must hold a valid Manufacturer, Dealer/Distributor or User Explosives License

GENERAL INFORMATION AND INSTRUCTIONS

Please read and follow instructions carefully. Failure to submit application correctly will result in processing delays.

ONLY ONE MAGAZINE PER APPLICATION

1. EXPLOSIVES LICENSE LAW - LRS 40:1472.1 et seq

These statutes contain the eligibility requirements to receive an explosives license

2. LICENSE FEES

- a) A fee schedule is listed in the Louisiana Statutes - LRS 40:1472.3.C.(1).
- b) Fees are payable to the **Department of Public Safety** in the form of a check or money order.
Each application must be accompanied by a separate check

NOTE: All fees are non-refundable.

3. DOCUMENTS AND FILINGS

- a) **Application must be typed, signed (no digital signature) and dated.**
- b) Photocopies of any documentation, if required, MUST clearly show all names, signatures and other pertinent information. Copies which are too dark or too light and do not show all pertinent information will not be accepted. **DO NOT SEND ORIGINALS, UNLESS SPECIFICALLY REQUIRED TO DO SO, AS THEY CANNOT BE RETURNED.** A copy of the Company Federal Explosives License must also be submitted.
- c) Beginning Feb 01 2022, 2 fingerprint cards (FD-258), a check for \$39.25 made out to the Department of Public Safety (Company Check, Cashier's Check or Money Order only), and both Rapsheet Disclosure documents, must be submitted with applications. Both fingerprint cards must be signed and filled out completely, including your name, signature, address, date of birth, place of birth, social security number and your physical characteristics (sex, race, height, etc.). **Only one set of fingerprint cards and Disclosure documents are required for multiple applications.**
- d) For magazine renewals you shall provide the Office of State Police issued magazine license number in the space provided on page 2.
- e) Incomplete applications are subject to **DENIAL.**
- f) An ineligible applicant will be **DENIED.**

Instructions For Completing The Explosives Magazine License Application

Applicant Name	Legal Name - First, Middle, Last, Suffix
Race	Check one block
Sex	Check one block
Date of Birth	mm/dd/yy
Place of Birth	City, State, Country
Social Security Number	XXX-XX-XXXX
Drivers License / ID Number	Drivers License or Identification card number
State	State issuing drivers license or identification card
Residence Address	Street address and/or apartment
City	City
State	State abbreviation
ZIP	Zip code
Mailing Address (If Different)	Your Mailing Address if different from your physical address
City	City
State	State abbreviation
ZIP	Zip code
Cell Phone Number	Applicant's Cell phone numberr - Area code and phone number
Email address	Applicant's personal email address
Company Federal Explosives License #	License number issued to Company by BATFE ATTACH A COPY OF LICENSE
Company Name	Name Company does business as
Company Mailing Address	Address for Company's mail service
City / State / ZIP	City / State Abbreviation / Zip code
Facility Physical Address	Where the Facility is physically located
City / State / ZIP	City / State Abbreviation / Zip code
Company Representative Title	Job Title
Company Representative Name	First, MI, Last
Company Representative Address	Leave blank if same as Company Address
City / State / ZIP	Leave blank if same as Company Address
Representative's Cell Number	Area code and phone number
Company Phone #	Area code and phone number
Company Representative Email	Email Address of the Point of Contact
Signature and Dates	<p>Company representative and applicant must sign the application. Applications unsigned by either will be <u>DENIED</u>. The date used should be the date the application was signed.</p> <p><u>Digital signatures are NOT acceptable.</u></p>

Explosives Magazine License Application

ONLY ONE MAGAZINE PER APPLICATION**Form must be typed**

License Duration? (Check appropriate box)

New Magazine

Renewal

1 Year	2 Year	3 Year	4 Year
\$50.00	\$100.00	\$150.00	\$200.00

Make Check or Money Order Payable to:
Department of Public Safety
All Fees Are Non-Refundable
Application should be mailed to:
Explosives Control Unit
PO Box 66168
Baton Rouge, LA 70896-6168

Check or Money Order Amount:	
Check or Money Order Number:	

APPLICANT DATA

Legal Name	First	Middle	Last			
Race: (Check One)	White	Black	Asian	Hispanic	American Indian	Other
Sex: (Check one)	Male	Female				
Date of Birth:	Place of Birth: (City / State / Country)					
Social Security Number:	Drivers License / ID Number:	State of Issue:				
Residence Address:						
City:	State:	ZIP:				
Mailing Address (If Different):						
City:	State:	ZIP:				
Cell Phone Number:	Email Address:					

COMPANY DATA

Company Federal Explosives License Number: Attach a copy of Federal explosives license with application		
Company Name:		
Company Mailing Address:		
City:	State:	ZIP:
Company Physical Address:		
City:	State:	ZIP:
Company Representative Title:	Name:	
Company Representative Address:		
City:	State:	ZIP:
Representative's Cell Number:	Company Phone #:	
Company Representative Email:		

Louisiana Department of Public Safety
Office of State Police
Explosives Magazine License Application

MAGAZINE DATA

Storage Type (check one): Type 1 Type 2 Type 3 Type 4 Type 5

Magazine Physical Address:								
City:		Parish:			State:		ZIP:	
GPS Coordinates		Latitude:			Longitude:			
For renewal purposes you shall provide the Office of State Police issued magazine license number:					Z0000			
Written directions to the magazine location:								
<i>Use for explosives stored: (Check all that apply)</i>								
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Demolition	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining	<input type="checkbox"/> Oil Field	<input type="checkbox"/> Pyrotechnic	<input type="checkbox"/> Seismic		
<input type="checkbox"/> Special Effects	<input type="checkbox"/> Other*	*Explain						

Additional Key Holder Information (If applicable). May possess a Blaster's License or above

Legal Name:	First		Middle		Last	
Cell Phone Number:				LA Explosives Lic #:		

Please illustrate physical directions to the magazine **OR** attach a map no larger than 8.5" x 11"

Hand drawn illustrations are acceptable

Company Representative Signature:		Date:	
Applicant Signature:		Date:	

NOTE: Digital signatures are NOT acceptable

Required Documents Checklist

Ensure you are using the most current version of the application by going to www.lsp.org/esu.html

Signed application (pages 1 & 2)

2 completed fingerprint cards (FD-258) plus a check for \$39.25 made out to the Department of Public Safety (Company Check, Cashier's Check or Money Order only)

Both Rapsheet Disclosure Documents

NOTE: Only one set of fingerprint cards and Rapsheet Documents are required for multiple applications

If renewing a magazine license provide the Office of State Police issued magazine license number in the space provided on page 2

Copy of Federal Explosives License as described on Instructions page

Correct fee as described on page 1

Note: Only one magazine per application.



BACKGROUND CHECK AUTHORIZATION FORM - TESS

Louisiana State Police
Bureau of Criminal Identification and Information
P.O. Box 66614 (Mail Slip A-6)
Baton Rouge, LA 70896

Acceptable forms of payment include: Cashier Check, Business Check with pre-printed business name or Money Order
Credit Card payments are accepted when paying in person at Louisiana State Police Headquarters

****FORMS MUST BE FILLED OUT IN INK AND BE REVIEWED BY SUBMITTING AGENCY/INDIVIDUAL FOR ACCURACY****
*****FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION*****

****PLEASE PRINT****

AGENCY, FACILITY OR INDIVIDUAL

AGENCY, FACILITY AUTHORIZED REPRESENTATIVE OR INDIVIDUAL

MAILING ADDRESS

SIGNATURE OF AUTHORIZED REPRESENTATIVE/INDIVIDUAL

CITY

STATE

ZIP CODE

()
AGENCY, FACILITY OR INDIVIDUAL PHONE NUMBER

AGENCY OR FACILITY E-MAIL ADDRESS

Request For:

___ LSP / TESS / EXPLOSIVES CONTROL UNIT – LA921061Z (EXL)

APPLICANTS FULL NAME: _____
****PRINT – USE INK****

LAST

FIRST

MIDDLE

*INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES BELOW IF APPLICABLE:

*LAST FIRST MIDDLE

*LAST FIRST MIDDLE

APPLICANTS SOCIAL SECURITY # _____ - _____ - _____

DATE OF BIRTH: ____ / ____ / ____ RACE ____ SEX ____

DRIVERS LICENSE or ID # _____ STATE _____

POSITION or LICENSE APPLIED FOR _____

APPLICANTS SIGNATURE: _____

APPLICANTS PHONE NUMBER: _____

AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility with the facility or agency named above. Pursuant to Title 28, C.F.R., Section 16.34, officials making the determination of suitability for licensing or employment shall provide the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record.

DPSSP 6696 (TESS)

Revised 2/7/2022

ATN: _____

SID: _____

**RAPSHEET DISCLOSURE
BUREAU OF CRIMINAL IDENTIFICATION AND INFORMATION
P.O. BOX 66614 (MAIL SLIP A-6)
BATON ROUGE, LA 70896**

AGENCY, BUSINESS OR INDIVIDUAL NAME

MAILING ADDRESS

CITY STATE ZIP CODE

**NOTICE:
PLEASE PRINT OR TYPE
INFORMATION, EXCLUDING
ADMINISTRATORS OR AUTHORIZED
PERSONS SIGNATURE.

INCOMPLETE FORMS WILL NOT BE
PROCESSED.**

APPLICANT NAME: _____ DATE OF BIRTH: _____

RACE: _____ SEX: _____ HEIGHT: _____ WEIGHT: _____

HAIR COLOR: _____ EYE COLOR: _____ BIRTH STATE: _____

SOCIAL SECURITY NUMBER: _____ DRIVER LICENSE/ID: _____

DO NOT WRITE BELOW THIS LINE: (For Bureau of Criminal Identification and Information Use Only)

CRIMINAL HISTORY DETERMINATION

**ALL INFORMATION RELEASED MUST REMAIN STRICTLY CONFIDENTIAL AND ONLY THOSE
AUTHORIZED BY LAW TO RECEIVE THIS INFORMATION MAY SUBMIT A REQUEST.**

NOTICE: The response to your request for a criminal history check is based on a review of the State of Louisiana's criminal history records database as is available at the time of request. This does not preclude the possible existence of an arrest or conviction information not available in our database.

RAPSHEET ATTACHED

RESPONSE BELOW