



## Santa Cruz County Sheriff's Office

5200 Soquel Ave., CA 95062  
Tel: (831) 454-7600 Fax: (831) 454-7604

### Explosive Permit Application Requirements

1. Photocopy of your State Blaster's License through the State of California Licensing Board
2. Photocopy of your Driver's License
3. Photocopy of Liability Insurance
4. Completed Explosive Permit Application, including thumb print.
5. Photocopy of your current Certification of Eligibility from the California Department of Justice.
6. Permit fee of \$100.00 (non-refundable).
7. Any additional restrictions or conditions to the issuance of the Explosive Permit.

### Standard requirement for the use of high explosives within the County of Santa Cruz

- Permittee must document each explosive blast with a "Shot Report" describing weather conditions, distance to nearest structure, time of explosion, type of explosives, initiation system, and seismograph information. A seismograph is to be used to document the ground disturbance effect of each detonation.
- A permittee will provide written notification to surrounding residents and/or commercial establishments of their intention to use high explosives in the area. The notification area will adhere to the recommendations of the federal and state laws for scaled distance. The written notification must contain the following information:
  1. The name, address, and telephone number of the permittee.
  2. The normal hours of operation.
  3. The type of warning device to be used and associated description of each individual warning signal with its meaning.
  4. The nature and/or type of activity resulting from the use of high explosives which could impact individuals and property.
- Permittee must notify the Santa Cruz County Sheriff Dispatch Center one hour prior to blasting at (831) 471-1121.
- The issuing authority of this agency or their designee may add any additional requirements and/or conditions to the Explosive Permit. These requirements or conditions will be written on Page 2 of the explosive Permit when returned to applicant after approval.
- The issuing authority or their designee has the authority to inspect any work site and/or review any documentation to ensure the permittee is complying with the requirements of their Explosive Permit.

**Chris Clark, Sheriff of Santa Cruz County**

Santa Cruz County Sheriff's Office, 5200 Soquel Ave. Santa Cruz, CA 95062

**Scsheriff.com | P. 831-454-7600 | F. 831-454-7604**

# EXPLOSIVE PERMIT APPLICATION

SANTA CRUZ COUNTY  
SHERIFF'S OFFICE  
5200 Soquel Ave.  
Santa Cruz , CA 9562  
(831) 454-7600

FOR SHERIFF'S OFFICE  
USE ONLY

X -

Permit Number

## SECTION 1

PERMITTEE INFORMATION Form to be filled out completely prior to review and issuance of permit.				Date:
NAME (Last, First, M.I.)			DOB	RIGHT THUMB PRINT
RESIDENCE ADDRESS			STATE ZIP CODE	
BUSINESS ADDRESS			STATE ZIP CODE	
RESIDENCE PHONE	BUSINESS PHONE	BLASTER'S LICENSE NO:	STATE OF REGISTRATION	
DRIVER'S LICENSE NO.		STATE		
VEHICLE INFORMATION		ACTIVITY PERFORMED		
<input type="checkbox"/> TRANSPORT OF EXPLOSIVES	VEHICLE LICENSE NO. _____		<input type="checkbox"/> USE EXPLOSIVES	<input type="checkbox"/> MANUFACTURE
<input type="checkbox"/> STORAGE OF EXPLOSIVES	MAKE: _____ YEAR: _____		<input type="checkbox"/> STORE	<input type="checkbox"/> SELL/DISPOSE
<input type="checkbox"/> OTHER (Explain below)	MODEL: _____ COLOR: _____		<input type="checkbox"/> RELEASE/TRANSPORT	<input type="checkbox"/> PARK VEHICLE
				<input type="checkbox"/> OPERATE TERMINAL
ADDITIONAL AUTHORIZED PERSONNEL				
NAME: (Last, First, M.I.)			DOB	DRIVER'S LICENSE NO./STATE
MAILING ADDRESS:			STATE	ZIP CODE
AUTHORIZED DUTIES: <input type="checkbox"/> Use <input type="checkbox"/> Receive and/or Transport <input type="checkbox"/> Sell or otherwise dispose <input type="checkbox"/> Manufacture <input type="checkbox"/> Park Vehicle <input type="checkbox"/> Operate Terminal <input type="checkbox"/> Store				
BLASTER'S LICENSE NO.		STATE OF REGISTRATION		
TYPES OF EXPLOSIVES				TYPE OF FIRING SYSTEM USED
Brand Name		Explosive Class (A/B)		Quantity (lbs.)
1.				<input type="checkbox"/> Non-Electric Firing System
2.				
3.				
4.				
5.				
Location where materials are used: Address:			Reason for use of materials: Explain:	
Location where materials are stored: Address:				
How are materials stored: Type of containment:			Other information:	
Travel route and safe stopping places:				

## SECTION 2

### INSURANCE

Before the permit can be issued, the applicant must file a public liability insurance policy in the amount of \$ \_\_\_\_\_ for the purpose of payment of all damages to persons or property which arise from or are caused by the conduct of any act authorized by this permit.

I, the undersigned, certify that I understand and will abide by all Federal, State, and local laws and ordinances, rules or orders to perform those acts noted herein. I also understand that all unused inventory covered by this permit on or before the expiration date will be disposed of in accordance with Health and Safety Code Section 12087.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

I will dispose of the materials in the following manner:

- |  |  |
|--|--|
| <input type="checkbox"/> Returned to their source. | <input type="checkbox"/> Turned over to the authority issuing this permit. |
| <input type="checkbox"/> Totally destroyed.        | <input type="checkbox"/> Re-apply for new permit.                          |

**EXPLOSIVE  
PERMIT  
APPLICATION**

**SANTA CRUZ COUNTY  
SHERIFF'S OFFICE  
5200 Soquel Ave.  
Santa Cruz, CA 95062  
(831) 454-7600**

**FOR SHERIFF'S  
OFFICE USE ONLY**

X -

Permit Number

**SECTION 3**

**PERMIT:**

☐ **Approved**

**Approval Date:** \_\_\_\_\_

☐ **Denied**

**Expiration Date:** \_\_\_\_\_

The permittee is limited to perform those activities as described within this permit. Permit is non-transferable. Changes to any part of this permit will require issuance of a new permit. Please note any additional conditions described below.

**Chris Clark, Sheriff-Coroner  
Issuing Authority**

By: Bomb Team Commander

**SECTION 4**

**REQUIREMENTS:**

Standard requirements can be met: ☐ Yes ☐ No

Blasting times shall be restricted between the hours of: \_\_\_\_\_ to \_\_\_\_\_

Additional Conditions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

For additional information contact the Santa Cruz County Sheriff's Office

**SECTION 5**

**DISTRIBUTION:**

Issuing Authority

**Copies:** Permittee  
DOJ attn: COE, P.O. Box 160487 Sacramento, CA 95816-0487  
Santa Cruz Sheriff's Office Bomb Squad  
Fire Chief - Where explosives to be used/stored (CDF- Felton)

**NOTE: When transport of explosives is noted forward to:**

California Highway Patrol  
Motor Carrier Safety Section  
P.O box 942898  
Sacramento, CA 94298-001