

SAN BENITO COUNTY SHERIFF'S OFFICE

2301 Technology Pkwy, Hollister, CA 95023 Phone: 831-636-4080 Fax: 831-636-1416

Eric Taylor				
SHERIFF – CORONER				
	PLOSIVES APPL			
PERMIT #	ISSUE DATE:		EXPIRATION DAT	TE:
	ation date: (A 7 day waiting period is required between application and issue)			
Fees: Initial Ap	plication \$200.00	Renewal A	pplication: \$30.00	
	APPLICANT			
LAST NAME:	FIRS	Т:	MIDDLE:	
HOME ADDRESS				
CITY	STATE ZI	Р	_ HOME PHONE ()
EMPLOYER NAME:				
WORK ADDRESS				
	STATE ZI	P	WORK PHONE (()
CELL PHONE ()	 DL#		STATE DO	B
CELL PHONE () AGE HEIGHT	WEIGHT	EYE	HAIR	
A copy of all valid Sta				
<u></u>				
	VFHICLET	NFORMATIO	N	
/EHICLE: MAKE		L		LIC#
R/O	1 11 1 1 4		1 7	
additional vehicles used s	<u>hall be list on a sepa</u>	rate page and att	ach. Insurance info	<u>rmation is required.</u>
Type of Explosives: How/and where stored:				
How/and where used:				
I the undersigned certify that I un				
perform those acts noted herein.				
expiration date will be disposed to the County Fire Marshal.	of in the following man	ner: 1) Returned to	the source 2) Totally (destroyed 3) Turned over
to the County Fire Marshal.				
		-		Applicant's signature
		PPROVAL		
This permit expires 1 year from				tivities unlimited times
during the tenure of the permit, subject to the conditions noted on the conditions page attached. Conditions page YES [] NO [] This permit becomes void if any Federal, State, or local laws are violated by the permit				
Conditions page YES [] NO [holder.	j inis permit become	s void if any Federa	ai, State, or local laws	are violated by the permit

Issued By:

Sheriff Eric Taylor (or his designee)

Distribution; 1) Permit holder, 2) Issuing agency, 3) San Benito Co. Fire Marshal (1979 Fairview Rd., Hollister CA 95023, 4) Dept. Of Justice Firearms Div., P.O. Box 820200, Sacramento, CA 94023