

**BATF REQUIRES THAT WE OBTAIN THIS INFORMATION**

Company Name  
 Contact Name  
 Principal Place  
 of Business

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(If this business operates other licensed locations, please list these on the reverse side)

Social Security Number or  
 Federal Employer ID Number  
 BATF Permit/License Number  
 Type and Expiration Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERSON(S) AUTHORIZED TO ORDER EXPLOSIVES:**

NAME	HOME ADDRESS	BIRTH PLACE	BIRTH DATE	SOC. SECURITY #

**PERSON(S) AUTHORIZED TO SIGN FOR AND RECEIVE EXPLOSIVES:**

NAME	HOME ADDRESS	BIRTH PLACE	BIRTH DATE	SOC. SECURITY #

Intended use of Explosives  
 (ie: Fireworks Display)

Original Signature of  
 Licensee/Permittee

Printed Name/Title

\_\_\_\_\_

\_\_\_\_\_

(Must be the same signature as appears on the BATF license or permit)

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**BATF REQUIRES THAT WE OBTAIN THIS INFORMATION**

U.S. Gov. Entity  
Contact Name  
Mailing Address

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

Federal Employer ID Number  
BATF Permit/License Number  
Type and Expiration Date

\_\_\_\_\_  
**EXEMPT – U.S. Government Entity**  
\_\_\_\_\_  
N/A  
\_\_\_\_\_

**PERSON(S) AUTHORIZED TO ORDER EXPLOSIVES:**

NAME	HOME ADDRESS	BIRTH PLACE	BIRTH DATE	SOC. SECURITY #

**PERSON(S) AUTHORIZED TO SIGN FOR AND RECEIVE EXPLOSIVES:**

NAME	HOME ADDRESS	BIRTH PLACE	BIRTH DATE	SOC. SECURITY #

Intended use of Explosives  
(ie: Fireworks Display)  
  
Original Signature of  
U.S. Government Official  
  
Printed Name/Title

\_\_\_\_\_  
  
\_\_\_\_\_  
(Must be the same signature as appears on authorization letter on U.S. Government Entity Letterhead )  
  
\_\_\_\_\_