

Nebraska State Patrol
Explosive Use Permit Application Instructions

Please read carefully before completing application

1. Application shall be completed using computer or typewriter. **No handwritten applications or copies will be accepted. If necessary**, explanation(s) and continuation(s) for certain sections shall be on additional sheets and referenced to appropriate section.
2. Issuance of your permit will be delayed if this application is incomplete or otherwise improperly prepared. Application should be made to the Nebraska State Patrol at least **45 days in advance** of the date the permit is required.
3. Submission of this application **does not authorize** the applicant to engage in the requested activity. A permit must be obtained before operations commence.
4. New applicants **are required to physically report to a Nebraska State Patrol office** (see #10 for locations) to be fingerprinted, photographed and tested.
 - a. New applicants **shall** make an appointment at the Nebraska State Patrol office of their choice to schedule fingerprinting, photographing and testing.
 - b. At their scheduled appointment, new applicants shall present completed application and supporting documents. Copies will be taken of supporting documents, originals will be returned to applicant if applicable. The following will be required for new applicants:
 - i. Proof of Identification
 - State issued Operators license *or*
 - State issued ID card *or*
 - Current Military ID
 - ii. Proof of citizenship
 - State certified Birth Certificate *or*
 - Naturalization papers
 - Certificate of Citizenship *or*
 - Current or expired Passport
 - iii. Training document(s)
 - Certificates of Training *and/or*
 - Letter from Company documenting training *and/or*
 - Explosive permits from other states *and/or*
 - Shot logs *and/or*
 - Justification for explosive use.
 - c. Include appropriate permitting fees. Make checks or money orders payable to the Nebraska State Patrol.
 - d. **New applicants will be required to take a written test.** Testing will be conducted during the new applicant's scheduled appointment.
5. The certification in Section 25 must be executed on the original application by the user/applicant.
6. Renewal nor Replacement applicants need to be fingerprinted, complete the application and mail application and fee to:

Nebraska State Patrol
Criminal Identification Division
3800 N.W. 12th St
Lincoln, NE 68521
7. If you have any questions relating to this application, please contact the Nebraska State Patrol's Permitting Division at (402) 479-4971.
8. If the application is denied, the Nebraska State Patrol will advise in writing the reason(s) for denial.
9. Permit fees will be refunded for denied applications. **Fingerprinting fees will not be refunded.**
10. **Fingerprinting and testing are by appointment only.** Nebraska State Patrol fingerprinting and testing locations:

Criminal Identification Division
3800 N.W. 12th St
Lincoln, NE 68521
(402) 479-4971

Troop A
4411 S. 108th St
Omaha, NE 68137
(402) 331-3333

Troop B
1401 Eisenhower Ave
Norfolk, NE 68701
(402) 370-3456

Troop C
3431 West Old Potash Rd
Grand Island, NE 68801
(308) 385-6000

Troop D
300 West South River Road
North Platte, NE 69101
(308) 535-8047

Troop E
4500 Ave I
Scottsbluff, NE 69363
(308) 632-1211

Explosive Use Permit Application

(Per Nebraska Revised Statute Sec. 28-1229)

Note: Please read instructions before completing

No handwritten applications will be accepted

New Application:

Renewal Application:

Replacement Application:

Mark appropriate block(s)		FEE	Payment made payable to Nebraska State Patrol enclosed in the form of:		
Permit to Use	<input type="checkbox"/>	\$10.00	<input type="checkbox"/> Money Order		Total Amount Submitted:
Replacement Permit	<input type="checkbox"/>	\$0.00	<input type="checkbox"/> Check (No. _____)		\$_____
Fingerprints <i>(new applicant only)</i>	<input type="checkbox"/>	\$45.25	<input type="checkbox"/> Government Agency		
			<input type="checkbox"/> Not Applicable		
1. Name _____			2. Home Address: _____		
<i>Last, First, Middle</i>			<i>Street City County State Zip</i>		
3. Gender	4. Date of Birth	5. Social Security Number	6. Place of Birth	7. U.S. Citizen	
Male <input type="checkbox"/>	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Female <input type="checkbox"/>	<i>MM/DD/YYYY</i>		<i>City, State</i>	<i>(New Applicant must provide proof)</i>	
8. Personal Telephone Contact		9. Personal E-Mail		10. Driver's License	
_____		_____		_____	
<i>Home Cell</i>				<i>Number State</i>	
11. Explosive Business Name		12. Explosive Business Phone		13. Explosive Business E-mail	
_____		_____		_____	
14. Explosive Business Address			15. Explosive Business Mailing Address: <i>(if different than item 14)</i>		
_____			_____		
<i>Street</i>			<i>Street</i>		
_____			_____		
<i>City County State Zip</i>			<i>City County State Zip</i>		
16. During term of permit applied for applicant intends to use: <i>(Check all that apply)</i>			17. Is the applicant presently engaged in operations involving explosive materials for which a permit is required under Chapter 40, Title 18, U.S.C?		
<input type="checkbox"/> High Explosives			Yes <input type="checkbox"/> No <input type="checkbox"/>		
<input type="checkbox"/> Low Explosives			If "Yes", list applicable Federal Permit(s):		
<input type="checkbox"/> Blasting Agents			No: _____		
			No: _____		
18. Applicant intends to purchase explosive materials in interstate or foreign commerce:			19. Applicant intends to transport explosive materials in commerce:		
Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>		
			<i>(If yes, provide proof of D.O.T. compliance information)</i>		
20. Purpose for which explosives will be used:					
<input type="checkbox"/> Construction	<input type="checkbox"/> Mining/Quarrying	<input type="checkbox"/> Well Drilling	<input type="checkbox"/> Other (specify below)		
<input type="checkbox"/> Demolition	<input type="checkbox"/> Pyrotechnics	<input type="checkbox"/> Law Enforcement/Public Safety			
<input type="checkbox"/> Industrial Cleaning	<input type="checkbox"/> Seismographic Research	<input type="checkbox"/> Binary Exploding Targets			
21. Is applicant trained in the use of explosives? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, by whom: _____			Association of Trainer: _____		
Type of Training: _____			Duration of Training: _____		

22. List three (3) distinct examples of the type and use of explosives applicant has personally completed in previous three (3) years to include actual dates of use:

1. _____

2. _____

3. _____

Remarks: _____

Applicant has completed additional explosive related training within the previous 3 years? Yes No

(Enclose copies of any training certificates, shot logs, other explosive permits, or other pertinent documents)

23. If replacement application, provide statement of facts/circumstances surrounding damaged, lost or stolen permit. Please include damaged permit, if available.

24. Complete and for all "Yes" answers, provide full details on separate sheet	Yes	No
A. Applicant is under twenty one (21) years of age		
B. Applicant has been convicted in any court of a felony		
C. Applicant is currently charged in any court with a felony		
D. Applicant is a fugitive from justice		
E. Applicant is an unlawful user of any depressant, stimulant or narcotic drug		
F. Applicant has been admitted as a patient in an institution for treatment of a mental or emotional disease or disorder within previous five (5) years		
G. Applicant does not have a reasonable, legitimate need for a permit to use explosives		
H. Applicant has been convicted in any court of a misdemeanor crime of domestic violence		
I. Applicant is subject to a court order restraining the applicant from harassing, stalking, or threatening an intimate partner or child of such partner		
J. Applicant is an alien illegally in the United States		

25. Certification:
Under penalties imposed by Section 28-1227 of the Nebraska Revised Statutes, I declare that I have examined this application and documents submitted in support thereof, and to the best of my knowledge and belief, they are true, correct, and complete. I also certify that I am familiar with all published Nebraska state laws, regulations and local ordinances relating to explosive materials for the location in which I intend to use explosive materials.

Applicant's Signature _____	Title _____	Date _____
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For Use of Nebraska State Patrol

Application is: Approved: <input type="checkbox"/> Denied: <input type="checkbox"/> Terminated: <input type="checkbox"/>	Reason(s) for denied or terminated application:
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Signature of Superintendent or Designated Representative _____	Receipt No. _____	Date _____
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