



South Carolina Department of Labor, Licensing and Regulation
Division of Fire and Life Safety
Office of State Fire Marshal
141 Monticello Trail
Columbia, SC 29203
Phone: (803) 896-9854 Fax: (803) 896-9806

APPLICATION FOR MAGAZINE PERMIT

For Year January 1, 2010 through December 31, 2010

FOR OFFICE USE ONLY

FEE: \$50 EACH

MAGAZINE # _____

DATE _____

INSPECTED BY _____

DATE STICKERED _____

(Check One) Type of Magazine 1 2 3 4 5

Physical Location of Magazine: _____

Was magazine licensed last year: Yes _____ No _____ If yes, give Magazine # _____

Please provide internal magazine name or identification number from previous year: _____

Company name: _____

Address: _____

County: _____ State: _____ Zip: _____

Telephone #: _____ Fax #: _____

Federal Tax Identification Number: _____

Identify type of license held and number: _____

Type and amount of Explosives (high explosives, low explosives, blasting agent, detonators, etc.) stored at this time or to be stored: _____

List blaster or explosives dealer responsible for magazine records. *Note NFPA 495 Section 4.2.2 and State Explosives Control Act requires that explosive materials shall not be sold, given, delivered, or transferred to any person or individual that is not in possession of a valid permit:

Distance in feet from nearest:

Magazine: _____ Public Highway: _____ Passenger Railway: _____

Non-Company owned building or structure: _____

Company owned building or structure _____

ATTACH DIRECTIONS TO THE PHYSICAL LOCATION OF MAGAZINE WITH APPLICATION

I have received and read the Memo on Record Keeping & Storage Magazine Requirements:

YES _____ No _____

SIGNATURE OF MAGAZINE USER

DATE