

Renewal of Explosives License or Permit

If you want to renew your explosives license or permit, you MUST file this renewal form BEFORE the expiration date shown below. WARNING: There are criminal penalties for continuing your explosives business or activity without renewing your license or permit. **YOU MUST COMPLETE AND SIGN THE RENEWAL QUESTIONNAIRE ON THE BACK OF THIS FORM.**

Direct ATF Correspondence To Director, Industry Operations	License/Permit Number
	Expiration Date

Name

Type of License/Permit

Use This Space to Correct Errors	Renewal Fee
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Mail Your Fee (Payable to the Bureau of Alcohol, Tobacco, Firearms and Explosives) and this Form to ATF at:	Licensee or Permittee Mailing Address:
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CAUTION: EXPLOSIVES LICENSES AND PERMITS ARE NOT TRANSFERABLE: IF THERE HAS BEEN A CHANGE IN THE OWNERSHIP OR CONTROL, OF THE EXPLOSIVES BUSINESS, YOU MAY NOT USE THIS FORM TO OBTAIN A RENEWED LICENSE OR PERMIT. Instead contact ATF for copies of ATF Form 5400.13/5400.16, application for license or permit. The following are examples of changes that necessitate the filing of an APPLICATION FOR LICENSE OR PERMIT: (1) a sole proprietorship changed to a partnership or to a corporation; (2) a partnership added or dropped one or more partners; (4) a person acquired more than 50% of the stock in an existing corporation. These examples are NOT meant to be all-inclusive.

RENEWAL INSTRUCTIONS

- Examine the front of this form. If there are any errors, including an incorrect address, please cross out the wrong information and print the correct information in the space provided on the front of this form.
- FILL OUT THE QUESTIONNAIRE BELOW AND SIGN AND DATE.
- Make check or money order payable to the Bureau of Alcohol, Tobacco, Firearms and Explosives. The required fee and mailing address are shown on the front of this form.

RENEWAL QUESTIONNAIRE

The following questions apply to you and (if the business or activity is a corporation, partnership or association) to any person who has the power to direct the management and policies of your explosives business or activity.

YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Are you presently under indictment or information in any court for a crime for which a judge could imprison you for more than one year? (If yes, attach an explanatory statement showing the date of the indictment or information and the court in which it is pending. "INFORMATION" means a formal accusation of a crime made by a prosecuting attorney as distinguished from an indictment presented by a grand jury.)	<input type="checkbox"/>	<input type="checkbox"/>	4. Are you a fugitive from justice?
<input type="checkbox"/>	<input type="checkbox"/>	2. Have you ever been convicted of a crime punishable by imprisonment for a term exceeding 1 year?	<input type="checkbox"/>	<input type="checkbox"/>	5. Are you an unlawful user of, or addicted to, marijuana or any depressant, stimulant, or narcotic drug?
<input type="checkbox"/>	<input type="checkbox"/>	3. Are you presently appealing a conviction of a crime punishable by imprisonment for a term exceeding 1 year? (If yes, attach an explanatory statement showing date of conviction, court in which convicted, and court in which appeal is pending.)	<input type="checkbox"/>	<input type="checkbox"/>	6. Have you ever been adjudicated mentally defective, mentally incompetent, or been committed to a mental institution?
		NOTE: For questions 2 and 3, the actual sentence given by the judge does not matter. You must answer "YES" if the judge could have given a sentence of imprisonment for more than 1 year. Also, a "YES" answer is required if (1) you received probation; (2) the conviction was discharged or set aside; (3) the conviction was appealed; or (4) the conviction was dismissed under an expungement or rehabilitation statute. <u>However, a crime punishable by imprisonment for a term exceeding 1 year does not include a conviction which has been set aside under the Federal Youth Corrections Act.</u>	<input type="checkbox"/>	<input type="checkbox"/>	7. Are you actively engaged in the explosives business or activity authorized by this license or permit?
			<input type="checkbox"/>	<input type="checkbox"/>	8. Are you familiar with all the published State laws and local ordinances relating to explosive materials for the location in which you conduct your explosives business or activity?
			<input type="checkbox"/>	<input type="checkbox"/>	9. Has there been a change of the ownership, control and/or responsible persons of the explosives business or activity? (Attach relevant information.)
			<input type="checkbox"/>	<input type="checkbox"/>	10. Has proper notification to the local ATF office been made for all changes or additions to your explosives storage facilities? (27 CFR 55.63)

Under the penalties imposed by 18 U.S.C. 844, I certify that the statements contained in this application and any attached statements are true and correct to the best of my knowledge and belief.

Signature _____ Date _____ Title _____ Current Telephone No. (____) _____
(owner, partner or officer of a corporation) area code

PAPERWORK REDUCTION ACT NOTICE

This request is in accordance with the Paperwork Reduction Act of 1995. The information collection is used to determine location and extent of operations, and to determine whether the operations will be in conformity with Federal laws and regulations. The information requested is required to retain a benefit and is mandatory by statute (18 U.S.C. 843).

The estimated average burden associated with this collection is 20 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to Reports Management Officer, Document Services Branch, Bureau of Alcohol, Tobacco, Firearms and Explosives, Washington, DC 20226.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. ATF Form 5400.14/5400.15, Part III Revised ()

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