

## Federal Explosives License (FEL) Renewal Application

**Warning;** You may NOT continue the operations authorized by your Federal explosives license/permit (FEL) on or after the expiration date of your license/permit UNLESS you have filed this renewal application PRIOR TO \_\_\_\_\_. There are criminal penalties for continuing your explosives business or operations without renewing your license/permit.

FEL:  Type:	Renewal Application DUE PRIOR TO:  Renewal Fee Due:	<b>Mail Application and Payment To:</b> <b>ATF</b> <b>P.O. Box 409567</b> <b>Atlanta, GA 30384-9567</b>
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<b>A. Current FEL Information</b>	<b>New FEL Information</b> <input type="checkbox"/> Check here for a change to your current FEL Information AND complete the appropriate box below with the updated information.
1. Licensee Name/Name of Corporation	<b>New Licensee Name - Federal explosives licenses/permits (FELs) are NOT transferable. If there has been a CHANGE in ownership or control of the explosives business or operations, you may NOT use this form to obtain a renewed license/permit. You MUST file a NEW application.</b> 6. NEW Trade or Business Name, <i>if any</i> 7. NEW Premises Address** 8. NEW Mailing Address 9. NEW Business Phone _____ NEW Fax Number _____ NEW 24-hour Emergency Telephone Number _____ E-Mail Address _____
2. Trade or Business Name, <i>if any</i> *	
3. Premises Address	
4. Mailing Address	
5. Business Phone _____ Fax Number _____ 24-hour Emergency Telephone Number _____	
*Listing your trade or business name with ATF in no way registers such a name, you MUST comply with Federal, State, and local laws regarding trade or business name registration. <span style="float: right;">** You may operate at your NEW premises if notification is given to ATF 10 days prior to the move.</span>	

**Not Renewing?**

10. Return this application and your explosives records within 30 days of discontinuance to:

ATF Out-of-Business Records Center, 244 Needy Road,  
Martinsburg, WV 25405, Phone: 1(800)788-7133, ext. 204

11. Check the box below and sign and date on the line provided.

I am NOT renewing my license/permit and will submit my records to ATF. I understand I may NOT engage in the business or operations authorized by my license/permit on or after the expiration date of the license/permit.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

12. Method of Payment (*Check one*)

Check (*Enclosed*)     Cashier's Check or Money Order (*Enclosed*)     Visa     Mastercard     American Express     Discover     Diners Club

Credit/Debit Card Number ( <i>No dashes</i> )	Name as Printed on Your Credit/Debit Card	Expiration Date ( <i>Month &amp; year</i> )
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Credit/Debit Card Address:			
Billing Address:	City:	State:	Zip Code:

Please Complete to Ensure Payment is Credited to the Correct Application:

I am Paying the Application Fee for the Following Person, Corporation, or Partnership:	Total Application Fees: \$
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I Authorize ATF to Charge my Credit/Debit Card the Above Amount.

\_\_\_\_\_  
Signature of Cardholder

\_\_\_\_\_  
Date

Your credit/debit card will be charged the above stated amount upon receipt of your application. The charge will be reflected on your credit/debit card statement. In the event a license/permit is NOT issued, the above amount will be credited to the credit/debit card noted above.

**B. Hours of Operation.** Indicate AM for morning hours and PM for afternoon/evening hours when stating your business/operations hours.

Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open/Close							

**C. Renewal Application Questionnaire (Answer questions 1-4 by writing "yes" or "no" in the boxes to the right of the questions.)**

<b>Type 60, Limited Permittee (to be completed by type 60, limited permittee ONLY)</b>	<b>Yes/No</b>
1. I have examined the remaining purchase coupons, and I have _____ purchase coupons remaining. I have used _____ purchase coupons.	
<b>Notice of Clearance</b>	
2. I have reviewed my latest "Notice of Clearance (NOC)," dated _____, and ALL the listed responsible persons (RPs) and employee possessors (EPs) are correct - no changes or updates are needed. If the "NOC," is NOT accurate and needs to be updated, please return a copy of the latest NOC with this renewal application and include a statement showing the nature of the inaccurate or incomplete information. If you need to ADD EPs, ATF Form 5400.28, Employee Possessor Questionnaire MUST be complete for EACH additional EP. If you need to ADD RPs, fingerprints and photos are required for EACH additional RP along with their identifying information.	
<b>Storage Facility/Magazine Data (18 U.S.C. Section 842(j) provides: "It shall be unlawful for any person to store any explosive material in a manner not in conformity with regulations promulgated by the Attorney General." An application for a license/permit can be denied if upon investigation it is found that any storage facilities/magazines do not comply with federal regulations.)</b>	
3. Do you have storage facilities/magazines to store your explosive materials? If "NO," attach an explanatory statement providing a contingency plan for the storage of unexpected surplus explosive materials. <input type="checkbox"/> Statement attached.	
a. If "YES," are ALL your storage facilities/magazines listed with ATF and meet the minimum requirements set forth in 27 CFR, Part 555, Subpart K - Storage. If "NO," submit an "Explosives Storage/Magazine Description Worksheet" for EACH new magazine. Write "N/A" if you have NO STORAGE FACILITIES/MAGAZINES.	
4. Have your storage facilities been moved since submission of your last plat plan?	

5. Please indicate the total number and type of explosives storage magazine(s) you have and in which State(s) they are located: (Attach additional sheets if necessary.)					
State	Type 1 permanent	Type 2 mobile/portable	Type 3 portable/temporary	Type 4 low explosives	Type 5 blasting agents

<b>D. The following questions apply to YOU and to any other person who has the power to direct the management and policies of your explosives activities. Answer questions 6-14 by writing "yes" or "no" in the boxes to the right of the questions.</b>	<b>Yes/No</b>
6. Have you ever been convicted in any court of a felony, or any other crime, for which the judge could have imprisoned you for more than one year, even if you received a shorter sentence, including probation?	
7. Are you under indictment or information in any court for a felony, or any crime, for which the judge could imprison you for more than one year? (An information is a formal accusation of a crime by a prosecutor.)	
8. Are you presently appealing a conviction of a crime punishable by imprisonment for a term exceeding one 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"/> Statement attached.	
9. Are you a fugitive from justice?	
10. Are you an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance?	
11. Have you ever been adjudicated mentally defective or have you been committed to a mental institution?	
12. Have you ever been discharged from the Armed Forces under dishonorable conditions?	
13. Are you an alien in the United States? (If "yes," attach an explanatory statement showing that the person is a lawful permanent resident or a lawful nonimmigrant or refugee/asylee.) If the individual is an alien, provide the name and U.S. Immigration and Naturalization (INS) issued alien number or admission number on an attached sheet. <input type="checkbox"/> Statement attached.	
14. Have you ever renounced your United States citizenship?	

**E. Certification**

Under penalties imposed by Federal law, I certify that the statements contained in this renewal application, and any attached statements, are true, accurate and complete to the best of my knowledge and belief.

Authorized Signature:	Title:	Date:
Printed Name of Signature Above:		Telephone Number:

**For ATF Use Only**

15. Application is <input type="checkbox"/> Approved <input type="checkbox"/> Withdrawn* <input type="checkbox"/> Disapproved *(Fee will be refunded)	Reasons for Disapproval/Termination
Signature of Licensing Official	Date

### **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. 844)

The average burden associated with this collection is 25 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, 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.