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. Renewal Application Mail Application and Payment To: FEL: DUE PRIOR TO: ATF P.O. Box 409567 Renewal Fee Type: Atlanta, GA 30384-9567 Due: A. Current FEL Information New FEL Information 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 New Licensee Name - Federal explosives licenses/permits (FFLs) 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 2. Trade or Business Name, if any * application. 6. NEW Trade or Business Name, if any 3. Premises Address 7. NEW Premises Address** 4. Mailing Address 8. NEW Mailing Address 5. 9. NEW Business Phone _____ Business Phone ____ NEW Fax Number Fax Number NEW 24-hour Emergency Telephone Number 24-hour Emergency Telephone Number_ E-Mail Address *Listing your trade or business name with ATF in no way registers such a name, you MUST ** You may operate at your NEW premises if notification is given to ATF 10 days prior comply with Federal, State, and local laws regarding trade or business name registration. to the move. Not Renewing? 11. Check the box below and sign and date on the line provided. 10. Return this application and your explosives records within 30 days of discontinuance to: 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 ATF Out-of-Business Records Center, 244 Needy Road, by my license/permit on or after the expiration date of the license/permit. Martinsburg, WV 25405, Phone: 1(800)788-7133, ext. 204

				Signature		Date	
12. Method of Pa	yment (Check one)						
Check (Enclos	Money Order (Enclosed)	🗌 Visa	Mastercard	American Dis Express		iscover Diners Club	
Credit/Debit Card	Number (No dashes)		Name as Printed on	Your Credit/Debit C	ard	Expiration Date (Month & year)	
	Address:						
Credit/Debit Card							
Billing Address:	City:	State:		Zip Code:			
Please Complete t	o Ensure Payment is Credited to the (Correct Appl	ication:				
I am Paying the Application Fee for the Following Person, Corporat			tion, or Partnership:		Гotal Арр \$	lication Fees:	

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.)								
Type 60, Limited Permittee (to be completed by type 60, limited permittee ONLY) Yes								
1. I have a	examined th	e remaining	g purchase c	oupons, and	d I have	_purchase coupons remaining. I have u	isedpurchase coup	pons.
Notice of Clearance								
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.								
manner no	t in conform	ity with reg	ulations pro	omulgated b	y the Attorney	"It shall be unlawful for any person to General." An application for a licens mply with federal regulations.)		
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. Statement attached.								
 a. If "YES," are ALL your storage facilities/magazines listed with ATF and meet the mininum 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 y	our storage	facilities be	en moved si	nce submis	sion of your la	ast plat plan?		
magazi	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	Type 3 portable/ temporary	Type 4 low explosives	Type 5 blasting agents	3		
						-		
						-		
						who has the power to direct the man "no" in the boxes to the right of the		your Yes/No
					, or any other uding probatic	crime, for which the judge could have on?	imprisoned you for more	than
7. Are yo	u under indi	ctment or i	nformation	in any cour		or any crime, for which the judge could	d imprison you for more t	han one
8. Are yo	u presently	appealing a	conviction	of a crime p	ounishable by	imprisonment for a term exceeding one onvicted, and court in which appeal is		
9. Are yo	u a fugitive	from justice	e?					
10. Are you an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance?								ance?
11. Have y	ou ever beer	n adjudicate	ed mentally	defective of	r have you bee	n committed to a mental institution?		
12. Have y	ou ever beer	n discharge	d from the A	Armed Force	es under disho	norable conditions?		
13. Are you an alien in the United States? <i>(If "yes," attach an explanatory statement showing that the person is a lawful permanent resident or a lawful nonimmigrant or refugee/asylee.)</i> 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.								(INS)
14. Have y	ou ever rend	ounced your	United Stat	tes citizensl	nip?			
E. Certifi					-			
			al law, I cer of my know			ontained in this renewal application, an	d any attached statements	, are true,
	Authorized Signature: Title: Date:							e:
Printed Na	Printed Name of Signature Above: Telephone Number:							
For ATF	Use Only							
15. Applica Approv	ved L] Withdraw e will be rej	'n*	sons for D	isapproval/Ter	rmination		
Signature of Licensing Official Date								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.