

# Federal Explosives License (FEL) RENEWAL Application

**FEL no.:** \_\_\_\_\_

**FEL Type:** \_\_\_\_\_

**Renewal application DUE PRIOR TO:** \_\_\_\_\_

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**RENEWAL FEE DUE:**

**CHECK OR MONEY ORDER AMOUNT ENCLOSED**  
(made payable to ATF)      \$

**AMOUNT AUTHORIZED TO BE CHARGED TO THE CREDIT/DEBIT CARD:**      \$

**MAIL APPLICATION & PAYMENT TO:**  
**ATF**  
**P.O. Box 409567**  
**Atlanta, GA 30384-9567**

**Method of Payment (Check one) :**

Check (Enclosed)       Cashier's Check or Money Order (Enclosed)

Visa     MasterCard     American Express     Discover     Diner's Club

Credit/Debit Card Number

M M Y Y      Name as it appears on the credit/debit card

Expiration Date

Credit/Debit Card Billing Address

    

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.

**NOT RENEWING?**

1. Return this application and your explosives records within 30 days of discontinuance of your business/operations to:

**ATF Out-of-Business Records Center**  
**244 Needy Road**  
**Martinsburg, WV 25405**  
**1(800)788-7133, x1590**

2. Check the box below and sign & 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.

Check Box (X)

    

Signature      Date

**A. CURRENT FEL Information**

Licensee Name/Name of Corporation

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Trade or Business Name, if any\*

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PREMISES Address  
(Physical location of business or operation)

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MAILING Address  
(The renewed license will be mailed to this address)

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Telephone Number (business)  
Telephone Number (fax)

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24-hour Emergency Telephone Number

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E-mail Address

\* 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.

Check here for a change to your current FEL information AND complete the appropriate box below with the updated information.

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.

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NEW Trade or Business Name, if any

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NEW Premises Address\*\*

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NEW Mailing Address

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NEW Telephone Number (business)  
NEW Telephone Number (fax)

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NEW 24-hour Emergency Telephone Number

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NEW E-mail Address

\*\* You may operate at your NEW premises if notification is given to ATF 10 days prior to the move.

**B. HOURS OF OPERATION.** Please indicate AM for morning hours and PM for afternoon/evening hours when stating your business/operation hours.

| TIME  | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|-------|--------|--------|---------|-----------|----------|--------|----------|
| Open  |        |        |         |           |          |        |          |
| Close |        |        |         |           |          |        |          |

Closed ALL day NO business hours.   
  Closed ALL day NO business hours.   
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  Closed ALL day NO business hours.   
  Closed ALL day NO business hours.

**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 explosive business or operations without renewing your license/permit.

FEL No.:

FEL Name:

FEL Type:

Premises Address:

Expiration Date:

C. Answer questions 1 - 4 by checking "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>Check Yes or /No</b>                           |
| 1. I have examined the remaining purchase coupons, and I have _____ purchase coupons remaining. I have used _____ purchase coupons.   |                  |                        |                           |                       |                        | <input type="checkbox"/> <input type="checkbox"/> |
| <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. All CURRENT and NEW employee possessors MUST complete ATF Form 5400.28, Employee Possessor Questionnaire. You must complete ATF Form 5400.28 Employee Possessor Questionnaire, for ALL EP's that are active on your FEL, both CURRENT and NEW EP'S. If you need to ADD RP's, fingerprints and photos are required for EACH additional RP, along with their identifying information. |                  |                        |                           |                       |                        | <input type="checkbox"/> <input type="checkbox"/> |
| <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.  |                  |                        |                           |                       |                        | <input type="checkbox"/> <input type="checkbox"/> |
| 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.   |                  |                        |                           |                       |                        | <input type="checkbox"/> <input type="checkbox"/> |
| 4. Have your storage facilities been moved since submission of your last plat plan?   |                  |                        |                           |                       |                        | <input type="checkbox"/> <input type="checkbox"/> |
| 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 |   |
|   |                  |                        |                           |                       |                        |   |
|   |                  |                        |                           |                       |                        |   |
|   |                  |                        |                           |                       |                        |   |

MAILING ADDRESS

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 checking "yes" or "no" in the boxes to the right of the questions.

|  |  |  |  |  |  |   |
|--|--|--|--|--|--|---|
|  |  |  |  |  |  | <b>Check Yes or 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?                                      |  |  |  |  |  | <input type="checkbox"/> <input type="checkbox"/> |
| 7. Are you charged by information or under indictment in any court for a felony or any other crime for which the judge could imprison you for more than one year? An "information" is a formal accusation of a crime made by a prosecuting attorney. |  |  |  |  |  | <input type="checkbox"/> <input type="checkbox"/> |
| 8. Are you presently appealing a conviction of a crime punishable by imprisonment for a term exceeding one year?   |  |  |  |  |  | <input type="checkbox"/> <input type="checkbox"/> |
| 9. Are you a fugitive from justice?  |  |  |  |  |  | <input type="checkbox"/> <input type="checkbox"/> |
| 10. Are you an unlawful user of or addicted to marijuana or any depressant, stimulant, narcotic drug, or any other controlled substance?   |  |  |  |  |  | <input type="checkbox"/> <input type="checkbox"/> |
| 11. Have you ever been adjudicated mentally defective, which includes having been adjudicated incompetent to manage your own affairs, or been committed to any mental institution?   |  |  |  |  |  | <input type="checkbox"/> <input type="checkbox"/> |
| 12. Have you been discharged from the Armed Forces under dishonorable conditions?  |  |  |  |  |  | <input type="checkbox"/> <input type="checkbox"/> |
| 13. Are you an alien illegally or unlawfully in the United States?   |  |  |  |  |  | <input type="checkbox"/> <input type="checkbox"/> |
| 14. Have you ever renounced your United States citizenship?  |  |  |  |  |  | <input type="checkbox"/> <input type="checkbox"/> |

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

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
PRINTED NAME of signature above: \_\_\_\_\_ Telephone no.: \_\_\_\_\_

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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 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.

Check Application Status (For ATF Use Only)

\_\_\_ Approved \_\_\_ Abandoned \_\_\_ Withdrawn Signature of Licensing Official: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_ Denied Reason for Denial: \_\_\_\_\_