



FEL No.:

FEL Name:

FEL

Type:

Expiration Date:

Premises Address:

C. Answer questions 1 - 4 by checking "yes" or "no" in the boxes to the right of the questions.

Check Yes or /No

**Interstate Purchase of Explosives Coupon(s) (IPEC) ATF F 5400.30**

1. I have examined the remaining purchase coupons, and I have \_\_\_\_\_ purchase coupons remaining. I have used \_\_\_\_\_ purchase coupons.  
(Q # 1. to be completed by type 60, limited permittee ONLY)

**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 retransmit 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 5400.28 Employee Possessor Questionnaire, for ALL EPs that are active on your FEL, both CURRENT and NEW EPs. If you need to ADD RPs, fingerprints and photos are required for EACH additional RP, along with their identifying information.

**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.)

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.

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

**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.

Check Yes or No

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 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.

8. Are you presently appealing a conviction of a crime punishable by imprisonment for a term exceeding one year?

9. Are you a *fugitive* from justice?

10. Are you an unlawful user of or addicted to marijuana or any depressant, stimulant, narcotic drug, or any other controlled substance?

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?

12. Have you been discharged from the Armed Forces under *dishonorable* conditions?

13. Are you an alien *illegally or unlawfully* in the United States?

14. Have you ever renounced your United States citizenship?

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: \_\_\_\_\_