

# Application for an Amended Federal Explosives License or Permit

*All entries must be in ink. Please read attached instructions carefully before completing this form.*

**Section 1: General Information**

1. Current Federal Explosives License or Permit (FEL/P) Number	2. Expiration Date of FEL/P	3. Employer Identification Number (EIN) or Social Security Number
4. Is the address change due to a change required by the U.S. Postal Service or 911? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Section 2: Current Information Listed on FEL/P**

5. FEL/P Name (as reflected on attached FEL/P)		6. Trade Name or Business Name (if any)	
7. Premises Address (number and street name)			
City	State	County	ZIP Code
8. Business Contact Number (with area code)	9. Mobile Contact Number (with area code)	10. E-Mail Address	

**Section 3: New Information for the FEL/P-Complete Applicable Changes**

11. Are there any changes in the ownership or control of the FEL/P operations? If yes, specify change on a separate sheet of paper. You may need to file a new ATF Form 5400.13/5400.16 Application for Federal Explosives License. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
12a. Change in FEL/P Name (if any)		12b. Change in Trade Name or Business Name (if any)	
13a. New Premises Address			13b. List anticipated move date
City	State	County	ZIP Code
14. New Mailing Address (number and street name)			
City	State	County	ZIP Code
15. New Business Contact Number (with area code)	16. New Mobile Contact Number (with area code)	17. New E-Mail Address	

18. Is or will your business and/or operations be: (Check appropriate box)

Sole Proprietor     Partnership     Corporation     Limited Liability Company     Other (Specify) \_\_\_\_\_

19. Hours of Operation and/or Availability of Business/Activity (Please provide at least one hour in which you can be contacted by ATF personnel)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hour(s):							

**Section 4: Explosives Storage Changes (Complete this section Only if your storage has changed. If you have no storage facilities, attach your storage agreement.**

20. Please indicate the total number and type of explosives storage magazine(s) you have and the address(es) where they are located: (Attach additional sheets if necessary)

Address, including county, State and ZIP Code	Type 1 Permanent	Type 2 Mobile/Portable	Type 3 Portable Temporary	Type 4 Low Explosives	Type 5 Blasting Agents

21. **Certification:** Under the penalties imposed by 18 U.S.C. § 844, I certify that the answers are true, correct, and complete. I also certify that I am familiar with all published state laws and local ordinance relating to explosive materials for the location in which I intend to do business. In addition, if the application is for a Limited Permit, I certify that I will not receive explosives materials on more than six separate occasions during the 12-month period for which my limited permit is valid.

Signature	Title	Date
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**For ATF Use Only**

Check Application Status  <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Withdrawn <input type="checkbox"/> Abandoned	Reason for Denial	
	Signature of Licensing Official	Date

**Instructions**

**Submit this application to:  
 Federal Explosives Licensing Center  
 244 Needy Road  
 Martinsburg, WV 25405  
 Or email to: FELC@atf.gov**

Title 18 U.S.C. § 843 and 27 CFR 555, Subpart D-Licenses and Permits provide the requirements for obtaining a Federal Explosives License or Permit (FEL/P). These provisions require applicants for an FEL/P to certify, among other things, that the explosives business or activity will be conducted in compliance with State and local law.

- Notice of the new location of the business or activity must be filed with ATF not less than 10 days prior to establishing the business or activity at the new premises. To allow for ample processing time, it is recommended ATF Form be submitted as soon as the new premises location is known.
- TYPE or PRINT with ball-point pen and provide your signature on back of form. All attached sheets must:
  - Be identified at the top of each page with your license name and license number.
  - Refer to the question(s) being answered.
- ATF Form must be executed (signed) by an existing responsible person (RP) on the license.
- If you have questions relating to this application or to obtain an e-mail address for your state or district's examiner to submit your request electronically, please contact the ATF Federal Explosives Licensing Center toll free at 1-877-283-3352 or FELC@atf.gov.

**Privacy Act Information**

The following information is provided pursuant to Section 3 of the Privacy Act of 1974 (5 U.S.C. § 552a(e)(3)):

- Authority.** Solicitation of this information is authorized pursuant to 18 U.S.C. § 843(a) Disclosure of this information is mandatory if the applicant wishes to obtain a Federal explosives license or permit.
- Purpose.** To identify the applicant; to identify the location of the premises; to determine the eligibility of the applicant to obtain such license or permit; to determine the ownership of the business or operations; and to identify responsible persons in the business or operations.
- Routine Uses.** The information will be used by ATF to make determinations set forth in paragraph 2. In addition, information may be disclosed to other Federal, State, foreign, and local law enforcement and regulatory agency personnel to verify information on the application and to aid in the performance of their duties with respect to the enforcement and regulation of firearms and/or ammunition where such disclosure is not prohibited by law. The information may further be disclosed to the Department of Justice if it appears that the furnishing of false information may constitute a violation of Federal law. Finally, the information may be disclosed to members of the public in order to verify the information on the application when such disclosure is not prohibited by law.
- Effects of Not Supplying Information Requested.** Failure to supply complete information will delay processing and may result in denial of the application.
- Disclosure of Social Security Number (SSN). Disclosure of the individual's SSN is voluntary. Under 18 U.S.C. 842(j) and 843; and Executive Order 9397, November 22, 1943, ATF has the authority to solicit an individual's SSN. The number may be used to verify the individual's identify.

**Paperwork Reduction Act**

The information required by this form is in accordance with the Paperwork Reduction Act of 1995. The information collection is used to determine the eligibility of the applicant to engage in certain operations, to determine the location and extent of operations, and to determine if whether the operations will be in conformity with Federal laws and regulations. The information requested is required to obtain or retain a benefit and is mandatory by statute (18 U.S.C. § 843).

The estimated average burden associated with this collection is 30 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 Resource Management Staff, 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.