Guidelines for Applying for a Low Explosives User Permit

Form 5400.13 Tutorial

This tutorial will guide you in filling out the new AFT Form 5400.13/5400.16 for a Low Explosive User Permit (aka, LEUP). This tutorial assumes that you do not personally have an approved storage magazine, but instead will be using the magazine of another Permit holder that does have a storage magazine. In addition this tutorial will cover filling out the new Employee Possessor Questionnaire (EPQ) ATF Form 5400.28) This form is required for all Explosive Permit Applications as of March 15, 2003 for new and renewal applications. I have not had any feedback from anyone using these new instructions. If you use these instructions to apply for a LEUP, please send feedback to rluhman@msn.com so that these instructions can be kept up to date. New Items are marked in green.

Contact your local ATFE agent about obtaining form 5400.13 for a new application, or you can use the copy at the back of this document or on the website.

Form 5400.13/5400.16

You'll notice that you now need to include a 2”x2” picture of yourself on the form. That is a passport type picture and there are many places where you can get one made. Hopefully you don't look like this guy. I don't think he'll be getting his LEUP! You will also need to visit your local police station to get fingerprinted. I'd suggest using the form they ask for - FD-258.

**Question 1:** Enter your name. Don't use a nickname, i.e. John Doe Smith rather than Johnny Smith. Be consistent and enter it the same way on all questions asking for name. Don't enter your middle name in one question and then use an initial in another question.

**Question 2:** Leave it blank. You are not operating a business. You are applying for an individual LEUP.

**Question 3:** Even though it says that this is voluntary, please enter your SSN anyway. Remember that we are trying to get this permit on the first try. Don't give them a reason to reject your application. It is the government. They already have your number anyway.

**Question 4:** Enter the county within your state where you reside. ‘nuff said.

**Question 5a:** Enter a complete street address. **DO NOT ENTER P.O. NUMBERS.** If you give a PO number, you can just about bet that your form will be returned for changes.

**Question 5b:** If for some reason you can’t receive mail at your premises then here is where you can give a PO number. If you can receive mail at your premises then leave this blank.

**Question 6:** Since you gave them your complete address in Question 5a, you can leave this one blank.

**Question 7:** Since you are an individual you do not have a business phone number. Be sure you enter a valid phone number, including your area code. **If you can receive faxes then list that number as well.** Also give an e-mail address if you have one. The more ways they can contact you the better. Remember the goal, you want your LEUP on the first try.
Question 8: Check NO. You are applying for an individual LEUP.

Question 9: Check individually owned. This is a case of one form needing to fit a large number of different applicants. The Individually Owned box is the one you need to use.

Question 10: Place a small X next to the $100 for type code 34. This is what makes this an application for a LEUP. Don't forget to mark either Check or Money Order, the number of the check or money order, and enter the total of $100.

Question 11: List all the below items to be safe:
- A. Rocket Motors
- B. Igniters
- C. Black Powder
- D. Ammonium Perchlorate Composite Propellant
- E. Igniter cord

Question 12: Mark NO. Again, you are not a business, so you don't have operations.

Question 13: This used to be question 17. 13(a) enter your name as you did in Question 1. To play this as safe as possible you should enter your FULL NAME for all applicable questions. 13(b) enter "Owner". 13(e) give your SSN. Make sure it matches Question 3. 13(d) enter your address as you did in Question 5. 13(e) enter you home and work phone numbers including area code. 13(f) enter your date of birth with a four digit year, i.e. 1957 not 57. 13(g) enter the city and state of your birth. 13(h) enter USA (if you are not a US citizen be prepared for more questions. 13(i) enter male or female, not yes or no. (That was a joke. OK?) and your race.

Question 14: Is your business or operations to be used for business purposes? (Check appropriate box)
- Check
- Other (Specify)

Application for Explosives License Permit

<table>
<thead>
<tr>
<th>Type Code</th>
<th>Explosives License</th>
<th>Type Code</th>
<th>Explosives Permit</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Manufacturer of Theatrical Flash Powder</td>
<td>33</td>
<td>User of High Explosives</td>
</tr>
<tr>
<td>20</td>
<td>Manufacturer of High Explosives</td>
<td>34</td>
<td>User of Low Explosives</td>
</tr>
<tr>
<td>21</td>
<td>Manufacturer of Low Explosives</td>
<td>35</td>
<td>User of Blasting Agents</td>
</tr>
<tr>
<td>22</td>
<td>Manufacturer of Blasting Agents</td>
<td>36</td>
<td>User (Limited) of High Explosives</td>
</tr>
<tr>
<td>23</td>
<td>Manufacturer of Fireworks (Consumer, display, and components)</td>
<td>37</td>
<td>User (Limited) of Low Explosives</td>
</tr>
<tr>
<td>24</td>
<td>Importer of High Explosives</td>
<td>38</td>
<td>User (Limited) of Blasting Agents</td>
</tr>
<tr>
<td>25</td>
<td>Importer of Low Explosives</td>
<td>39</td>
<td>User (Limited) of Display Fireworks (Use ATF 5400.21)</td>
</tr>
<tr>
<td>26</td>
<td>Dealer of High Explosives</td>
<td>40</td>
<td>Limited Permit (Intrastate Only)</td>
</tr>
<tr>
<td>27</td>
<td>Dealer of Low Explosives</td>
<td>41</td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Dealer of Blasting Agents</td>
<td>42</td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Dealer of Fireworks (Display)</td>
<td>43</td>
<td></td>
</tr>
</tbody>
</table>

Please Make X Check □ Money Order payable to the "Bureau of Alcohol, Tobacco, Firearms, and Explosives"

Check/Money Order No.: 9999 TOTAL AMOUNT $100

Responsibility Person(s) List

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Position at Business</th>
<th>Social Security Number</th>
<th>Home Address</th>
<th>Telephone Numbers</th>
<th>Date of Birth</th>
<th>Place of Birth</th>
<th>Country</th>
<th>Sex/Race</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Doe Smith</td>
<td>Owner</td>
<td>555-55-5555</td>
<td>123 Elmplace St</td>
<td>315-555-4234</td>
<td>01-01-1981</td>
<td>Birtswon, OK</td>
<td>USA</td>
<td>Male/White</td>
</tr>
</tbody>
</table>
Question 14 15: Answer truthfully to each question. If any are "YES" then you'd better contact your local ATFE and talk to an agent.

14. Is the applicant or any person named in Item 13: (All questions must be answered by checking the "YES" or "NO" box.) (Give full details on a separate sheet for all "YES" answers in item 14.)
   a. A fugitive from justice? Yes No
   b. An unlawful user of, or addicted to, marijuana or any depressant, stimulant, narcotic drug, or any other controlled substance? X
   c. Under indictment or information in any court for a felony, or any crime, for which the judge could imprison a person for more than one year? (An information is a formal accusation of a crime by a prosecutor.) (See Definition 1.) X
   d. 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.) (See Definition 2 and Exception 2.) Statement attached.
   e. 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.) X

15. Has the applicant or any person named in item 13 EVER: (Give full details on a separate sheet for all "YES" answers in item 15.)
   a. Been convicted in any court of a felony, or any other crime, for which the judge could imprison that person for more than one year, even if he or she received a shorter sentence, including probation? (See Definition 1 and Exception 1.)
   b. Been adjudicated mentally defective (which includes having been adjudicated incompetent to manage his or her own affairs) or been committed to a mental institution? X
   c. Been discharged from the Armed Forces under dishonorable conditions? X
   d. Renounced his or her United States citizenship? X

Question 16: List some hours, so the agent has some idea of when you contact you. Don't list all evening hours. The local agents work during the day, which is when they are most likely to try to contact you.

16. Hours of Operation of Applicant's Business and/or Operations:

<table>
<thead>
<tr>
<th>Time</th>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open</td>
<td>9:00 AM</td>
<td>9:00 AM</td>
<td>9:00 AM</td>
<td>9:00 AM</td>
<td>9:00 AM</td>
<td>9:00 AM</td>
<td>9:00 AM</td>
</tr>
<tr>
<td>Close</td>
<td>5:00 PM</td>
<td>5:00 PM</td>
<td>5:00 PM</td>
<td>5:00 PM</td>
<td>5:00 PM</td>
<td>5:00 PM</td>
<td>5:00 PM</td>
</tr>
</tbody>
</table>

17. Applicant's Business and/or Operation is Located in:
   - [ ] A Commercial Building
   - [X] A Residence
   - [ ] Other (Specify)

18. Applicant's Business and/or Operations Premises are:
   - [X] Owned
   - [ ] Leased/Rented
   * If rented or leased, please provide the name, address and telephone number of the owner of the property.

19. Does User Permit Applicant Intend to Transport Explosive Materials in Interstate or Foreign Commerce? (If "YES" state where) [X] No [ ] Yes

20. Does User Permit Applicant Intend to Purchase Explosive Materials in Interstate or Foreign Commerce? (If "YES" state where) [X] No [ ] Yes Continental US

Question 17: Mark a residence. Again, you are not a business but you do have a residence.

Question 18: If you live in your own home then check Owned. If you rent your home or live in an apartment then check Leased/Rented and then give the name, address, and phone number of the owner. I have no idea how this may effect your application. This is a new question. Please relate your experience in this case by emailing rluhman@msn.com.

Question 19: Mark "NO" since you are not a business.

Question 20: Mark "YES" and "Continental US". You will be buying motors at LDRS, right?

Question 21: Leave it blank you are a type 34 not type 29.

22a. All of the applicant's storage facilities are listed on the attached Explosives Storage Magazine Description Worksheet(s) and meet the minimum requirements as set forth in 27 CFR, Part 555, Subpart K - Storages. If "NO" (i.e., storage facilities do not meet minimum requirements) explain on separate sheet. (See Instruction 10.) [ ] Yes [X] No

Question 22a: You do not have storage of your own, therefore, check NO, fill out section J of the Explosives Storage Magazine Description Worksheet and attach a separate sheet that looks like the following:

In reference to Question 22a: If I am unable to use all materials, I will be using the storage of Joe Blowe, permit #9-XX-999-99-9X-99999.

Change Joe Blowe to the name of the LEUP holder that will be storing the material for you. Change the permit # to the # of the named individual. Also have the named individual sign the sheet indicating you are authorized to use their storage.
Sign and date the form 5400.13 and for Title list "owner" and enter today's date.

Now make two copies of that form. (The original and one copy will be sent with your check to the ATF. Be sure to include a picture with both copies sent to the ATF. The last copy is for you to keep for your records.) Don't forget your explanation page for question 22a. Don't forget your fingerprint card. Then fill out form 5400.28.

End of form 5400.13
Form 5400.28 Tutorial

The Safe Explosives Act passed on November, 25, 2002 requires additional enforcement by the ATFE. It prohibits aliens, persons dishonorably discharged, and citizens of the US who have renounced their citizenship from possessing explosives. This additional enforcement went into effect January 24, 2003. The ATFE has created form 5400.28 to help them in this new enforcement. You are now required to submit form 5400.28 along with your 5400.13/5400.16 for a LEUP. After March 15, 2003 you will also be required to submit a photo and fingerprints along with the above mentioned forms.

The ATFE now has form 5400.28 on the ATFE website. They have also changed the name of the form. It is now 5400.28 Employee Possessor Questionnaire. The rest of the form has not changed only the name.

Contact your local ATFE agent about obtaining form 5400.28 for a new application, or you can use the copy at the back of this document, or from the website. We take no responsibility if your application is returned because of an incorrect form.

Form 5400.28 Employee Possessor Questionnaire

Question 1: Enter your last name. This should match the name you used on your LEUP application.

Question 2: First name. See above.

Question 3: Middle name. See above. It would be safest if you used your full given name everywhere required on this form and on your LEUP (5400.13).

Question 4: Any suffix you use. e.g. Sr., Jr., II, etc. Again be sure you used this everywhere else your name was needed.

Question 5: Enter any other names you may have used. This includes maiden name.

Question 6: It says voluntary, but if you don't enter it, expect a delay.

Question 7: City and State of your birth. This should match #13g from 5400.13.

Question 8: Use the date of birth from form 5400.13 #13f

Question 9: Self-explanatory

Question 10: If you don't know, don't bother applying.

Question 11: This number should match form 5400.13 #7

Question 12: Here you can enter the number where you work, unlike 5400.13 #7 where it most likely didn't apply. It should match 5400.13 #13e

Question 13a-f: Again this address should match what you put for form 5400.13 #5. Do you see a common theme here? Consistency!!

Question 14: The latest information I have indicates that this should be filled in with your name and address. This should match the name you used on form 5400.13 #1 and the address should match 5400.13#5a. The items in bold text are new to this revision of the form.

14. Name and address of explosives business or operations at which you are an employee or possessor.

15. Your position in the explosives business or operations.

16. Federal explosives license/jeweler number for explosives business/opertaions

17a. What is your Country of Citizenship?

17b. If you have citizenship in additional countries, please list.

18. Your position in the explosives business or operations.

Owner

19. Federal explosives license/jeweler number for explosives business/opertaions

applicant

Question 15: Enter "Owner"

Question 16: Enter "Applicant" since you do not yet have a permit

Question 17a and b: Self-explanatory

Question 17c: You will most likely skip this entry
**Question 18 - 25**: This group of questions should be answered truthfully. However, if you answer "Yes" to ANY of them you can expect your application to be delayed. The best advice here is to contact your local ATFE agent if you need to answer "Yes". Please answer "Yes" or "No". DO NOT put "Y" or "N". If you do, then your application will be delayed.

Then print your full name as given in question #1-4 in the order First, Middle, Last, Suffix. Then sign and date it. Make two copies. Then attach one copy to each copy of form 5400.13. Keep one copy for your records and mail the other two copies to the ATFE along with a check for $100. Remember to include your storage information for question 22a of form 5400.13, two passport size photos and a fingerprint card.

Good Luck!

The following pages contain sample filled out forms 5400.13 and 5400.28. These copies came from the ATF, however, as always, use at your own risk. Make sure all your forms indicate "Revised February 2003" in the bottom right corner if the date is older than that, get new forms. If the date is newer, use the newer ones and let us know by emailing rluhman@msn.com.

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. Are you a fugitive from justice?</td>
<td>No</td>
</tr>
<tr>
<td>19. Are you an unlawful user of, or addicted to, marijuana or any other controlled substance?</td>
<td>No</td>
</tr>
<tr>
<td>20. Have you ever been convicted in any court of a felony, or any other crime, for which the judge could have imposed you for more than one year, even if you received a shorter sentence, including probation? (See Definition 1, Exception 1)</td>
<td>No</td>
</tr>
<tr>
<td>21. 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. See Definition 1.)</td>
<td>No</td>
</tr>
<tr>
<td>22. Have you ever been adjudicated mentally defective (which includes having been adjudicated incompetent to manage your own affairs) or have you ever been committed to a mental institution?</td>
<td>No</td>
</tr>
<tr>
<td>23. Have you ever been discharged from the Armed Forces under dishonorable conditions?</td>
<td>No</td>
</tr>
<tr>
<td>24. Have you ever renounced your United States citizenship?</td>
<td>No</td>
</tr>
<tr>
<td>25. Are you an alien in the United States? If &quot;YES,&quot; attach an explanatory statement showing that you are a lawful permanent resident. (See Definition 2, Exception 2.) (Generally, if you are an alien [except for a lawful permanent resident alien], you cannot possess explosive materials.)</td>
<td>No</td>
</tr>
</tbody>
</table>

[Statement attached.]
Section A (Must be completed by all applicants.) Please print all information in block letters.

1. Name of Applicant (If partnership, include name of each partner)

John Doe Smith

2. Trade Name or Business Name, if any

3. Employer Identification Number (EIN) or Social Security Number (SSN) (Voluntary see Privacy Act Information)

555-55-5555

4. Name of County in Which Business is Located

Tulsa

5a. Premises Address (No., Street, City, State, Zip Code)

123 Someplace St, Tulsa, OK 74100

6a. Mailing Address (If different from address in item 5a.)

NOTE: A completed FD-258 (Fingerprint Identification Card) must accompany this application. (See Instruction 8)

FOR ATF USE ONLY

7. Telephone Number (Include Area Code)

Business ( )

Residence (918) 555-1234

Emergency ( )

Fax ( )

E-Mail Address jdsmith@domain.com

8. Are you presently engaged in a business and/or operations for which a license or permit is required under 18 U.S.C., Chapter 40, Explosives? (If yes, provide date business began.)

☐ Yes/Date:

☐ No

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

☒ Individually Owned ☐ A Partnership ☐ A Corporation ☐ Other (Specify)

10. Application is made for an explosives license or permit under 18 U.S.C., Chapter 40, as an: (See definitions and circle the appropriate type code)

<table>
<thead>
<tr>
<th>Type Code</th>
<th>Explosives License</th>
<th>Fee</th>
<th>Renewal Fee</th>
<th>Type Code</th>
<th>Explosives Permit</th>
<th>Fee</th>
<th>Renewal Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>Manufacturer of Theatrical Flash Powder</td>
<td>$200</td>
<td>$100</td>
<td>33</td>
<td>User of Explosives</td>
<td>$180</td>
<td>$90</td>
</tr>
<tr>
<td>20</td>
<td>Manufacturer of High Explosives</td>
<td>$200</td>
<td>$100</td>
<td>34</td>
<td>User of Low Explosives</td>
<td>$190</td>
<td>$90</td>
</tr>
<tr>
<td>21</td>
<td>Manufacturer of Low Explosives</td>
<td>$200</td>
<td>$100</td>
<td>35</td>
<td>User of Blasting Agents</td>
<td>$190</td>
<td>$90</td>
</tr>
<tr>
<td>22</td>
<td>Manufacturer of Blasting Agents</td>
<td>$200</td>
<td>$100</td>
<td>54</td>
<td>User of Fireworks (Display)</td>
<td>$100</td>
<td>$50</td>
</tr>
<tr>
<td>23</td>
<td>Importer of Explosives</td>
<td>$200</td>
<td>$100</td>
<td>36</td>
<td>User (Limited) of Explosives</td>
<td>$75</td>
<td>$30</td>
</tr>
<tr>
<td>24</td>
<td>Importer of Low Explosives</td>
<td>$200</td>
<td>$100</td>
<td>37</td>
<td>User (Limited) of Low Explosives</td>
<td>$75</td>
<td>$30</td>
</tr>
<tr>
<td>25</td>
<td>Importer of Blasting Agents</td>
<td>$200</td>
<td>$100</td>
<td>38</td>
<td>User (Limited) of Blasting Agents</td>
<td>$75</td>
<td>$30</td>
</tr>
<tr>
<td>26</td>
<td>Importer of Fireworks (Display)</td>
<td>$200</td>
<td>$100</td>
<td>55</td>
<td>User (Limited) of Display Fireworks</td>
<td>$75</td>
<td>$30</td>
</tr>
<tr>
<td>27</td>
<td>Dealer of Explosives</td>
<td>$200</td>
<td>$100</td>
<td>60</td>
<td>Limited Permit (Intrastate Only)</td>
<td>$25</td>
<td>$12</td>
</tr>
<tr>
<td>28</td>
<td>Dealer of Low Explosives</td>
<td>$200</td>
<td>$100</td>
<td>39</td>
<td>Check/Money Order payable to the</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Dealer of Blasting Agents</td>
<td>$200</td>
<td>$100</td>
<td>40</td>
<td>“Bureau of Alcohol, Tobacco, Firearms, and Explosives”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Dealer of Fireworks (Display)</td>
<td>$200</td>
<td>$100</td>
<td>41</td>
<td>Check/Money Order No. 9999</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Dealer of Black Powder</td>
<td>$200</td>
<td>$100</td>
<td>42</td>
<td>TOTAL AMOUNT</td>
<td>$100</td>
<td></td>
</tr>
</tbody>
</table>

11. List the types of explosive materials you intend to manufacture, import, deal, or use (e.g., dynamite, TNT, black powder, fireworks, etc.): Rocket motors, Igniters, Black Powder, Ammonium perchlorate Composite Propellant, Igniter cord.

12. Is State or local license or permit required for explosives business and/or operations? (If yes, provide license/permit numbers; if applied for license/permit but not yet obtained, provide date of application.)

☐ Yes/Numbers or Date

☐ No
### Responsible Person(s) List

13. Provide information for each individual owner, partner, and all other responsible persons (see Definition 3) in the trade or business operations identified in section A, block 2. List all names used by each responsible person (i.e., nicknames, maiden name, name from previous marriage, etc.) (if additional space is needed use a separate sheet.)

<table>
<thead>
<tr>
<th>Full Name (If the individual is an alien, also provide his/her H-1 visa number or admission number.)</th>
<th>Position at Business</th>
<th>Social Security Number (If the individual is an alien, also provide alien's H-1 visa number or admission number.)</th>
<th>Home Address (Include Zip Code)</th>
<th>Telephone Numbers (Home/Work)</th>
<th>Date of Birth (Month/Day/Year) (DD/MM/YYYY)</th>
<th>Place of Birth</th>
<th>Country/Citizenship</th>
<th>Sex/Race</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Doe Smith</td>
<td>Owner</td>
<td>555-55-5555</td>
<td>123 Someplace St, Tulsa, OK 74100</td>
<td>111-222-3333</td>
<td>01-01-1981</td>
<td>Birthtown, OK</td>
<td>USA</td>
<td>Male/White</td>
</tr>
</tbody>
</table>
14. Is the applicant or any person named in Item 13: (ALL questions must be answered by checking the "YES" or "NO" box) (Give full details on a separate sheet for all "YES" answers in item 14.)
   a. A fugitive from justice? X
   b. An unlawful user of, or addicted to, a controlled substance? X
   c. Under indictment or information in any court for a felony, or any crime, for which the judge could imprison that person for more than one year? (An information is a formal accusation of a crime by a prosecutor.) (See Definition 1.)
   d. An alien in the United States? (Yes, attach an explanatory statement showing that the person is a lawful permanent resident or a lawful nonimmigrant or asylum seeker.) (See Definition 2 and Exception 2) Statement attached.
      If the individual is an alien, provide the U.S. Immigration and Naturalization Service (INS) - issued alien number or admission number in Item 13.
   e. Presently appealing a conviction of a crime punishable by imprisonment for a term exceeding one year? (Yes, attach an explanatory statement showing date of conviction, court in which convicted, and court in which appeal is pending.) Statement attached.

15. Has the applicant or any person named in Item 13 EVER: (Give full details on a separate sheet for all "YES" answers in item 15.)
   a. Been convicted in any court of a felony, or any other crime, for which the judge could imprison that person for more than one year, even if he or she received a shorter sentence, including probation? (See Definition 1 and Exception 1.) X
   b. Been adjudicated mentally defective (which includes having been adjudicated incompetent to manage his or her own affairs) or been committed to a mental institution?
   c. Been discharged from the Armed Forces under dishonorable conditions?
   d. Renedone his or her United States citizenship?

Section B (Must be completed)

16. Hours of Operation of Applicant's Business and/or Operations:
   Time                                      Sunday  Monday  Tuesday   Wednesday  Thursday  Friday  Saturday
   Open                                      8:00 AM   8:00 AM   8:00 AM   8:00 AM   8:00 AM   8:00 AM
   Close                                     5:00 PM   5:00 PM   5:00 PM   5:00 PM   5:00 PM   5:00 PM

17. Applicant's Business and/or Operation is located in:
   ☑ A Commercial Building
   ☑ A Residence
   ☑ Other (Specify)

18. Applicant's Business and/or Operations Premises are:
   ☑ Owned
   ☑ Leased/Rent
   ☑ Other (Specify)
   * If rented or leased, please provide the name, address and telephone number of the owner of the property.

19. Does User Permit Applicant Intend to Transport Explosive Materials in Interstate or Foreign Commerce? (If Yes, state where)
   ☑ No
   ☑ Yes

20. Does User Permit Applicant Intend to Purchase Explosive Materials in Interstate or Foreign Commerce? (If Yes, state where)
   ☑ No
   ☑ Yes

21. Type 29, Dealer of Black Powder License Applicant: Do You Have a Federal Firearms License? (If Yes, provide the federal firearms license number)
   ☑ No
   ☑ Yes

Storage Facility Data
Section 842(b), 18 U.S.C., 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." Before applying for a license or permit, the applicant must read and be familiar with the requirements as set forth in 27 CFR, Part 555, Subpart K - STORAGE. An application for a license will be denied if upon an investigation it is found that storage facilities are inadequate.

22a. All of the applicant's storage facilities are listed on the attached Explosives Storage Magazine Description Worksheet(s) and meet the minimum requirements as set forth in 27 CFR, Part 555, Subpart K - Storage. If not (i.e., storage facilities do not meet minimum requirements) explain on separate sheet. (See Instruction 10.) ☑ Yes ☑ No

22b. Please indicate the total number of explosives storage magazines.

22c. If the applicant has no storage facilities, provide contingency plan for unexpected surplus explosive materials by completing Explosives Storage Magazine Description Worksheet Item J. (See Instruction 10.)

Section C - Certification (Must be completed by all applicants)

23. 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 ordinances relating to explosive materials for the location in which I intend to do business. In addition, if the application is for a Type 60, Limited Permit, I certify that I will not receive explosive materials on more than 6 separate occasions during the 12-month period for which my limited permit is valid.

Applicant's Signature: John Doe Smith
Title: Owner
Date: 03-15-2003

For Bureau of Alcohol, Tobacco, Firearms, and Explosives Use Only

24. Application is: ☑ Approved ☑ Withdrawn* ☑ Disapproved* (Reason for Disapproval Terminated)
   Signature of Licensing Official

   Date

   ATT Form 5400.135400.16
   Revised February 2001
Explosives Storage Magazine Description Worksheet
(Submit one for each magazine; you may photocopy for additional magazines)

Applicant name: John Doe Smith

Magazine ID no.:

State/local explosives magazine certificate number, if any:

Storage magazine address:

A. Type of magazine (e.g., permanent, mobile/portable, indoor/outdoor, building, gloc, tunnel, dugout, box, trailer, semitrailer, or other mobile magazine):

   ATF Type: (Check one)   □ I □ II □ III □ IV □ V

B. Location of magazine and distance from licensed place of business and other magazines:

C. Distance to nearest storage magazine regardless of ownership:

D. Describe terrain features, roads, structures, buildings, utilities, etc., that could be damaged if the contents of the magazine exploded:

E. Distance(s) between the magazine and the feature(s):

   Indicate if magazine is: □ Bar-coded □ Unbar-coded

   Show distance in feet to:
   
   Closest highway: _________
   Closest inhabited bldg: _________
   Closest passenger railway: _________

F. Materials, including thicknesses, used in construction of magazine:

   Roof: _________
   Top: _________
   Wall: _________
   Bottom: _________

   Doors: _________
   Floor: _________

G. 1. Security, physical safeguards, safety equipment, and anti-theft measures:

2. Locks (Check all that apply): Three-point Lock □ Morise Locks □ Padlocks □

3. If Padlocks: Shackle Diameter: _________ No. of Tumblers: _________ Steel Hood: Yes □ No □ Case-hardened: Yes □ No □

H. Dimensions and capacity of magazine

   Capacity: _________
   Height: _________
   Length: _________
   Width: _________

   (In pounds or number of detonators)

I. Explosives to be stored: Quantity or Weight

   Class: High □ Low □ Blasting Agents □ Detonators □

J. 1. Magazine is (Check one): □ Owned □ Borrowed □ Leased □ Rental □ Contingency Plan

2. Owner of magazine if borrowed, leased, rented, or on contingency: Joe Blow

3. Address and phone number of owner: 321 Someotherplace St, Tulsa, OK 74100, 918-555-9876

K. Names and telephone numbers of persons who can open magazine for inspection:

L. Special conditions, such as difficulty accessing in winter, etc.:

M. A plat plan must be furnished, not necessarily to scale, which will indicate, at a minimum, (1) all buildings on the premises, and (2) all magazines identified, with distances between the magazines, as well as the distances between magazines and inhabited buildings, public highways, and passenger railways.

Prepared by: _________

(Name and Title)

Date: _________

ATF Form 5809.13/5409.16
Revised February 2003
Employee Possessor Questionnaire

Who needs to complete this form? This questionnaire MUST be completed by EACH employee possessor of a Federal explosives licensee or permits or applicant, unless otherwise provided. (See reverse for definition of employee possessor.)

Print the Requested Information in Block Letters.

1. Last Name
   Smith

2. First Name
   John

3. Middle Name
   Doe

4. Name Suffix, if any (e.g., Sr., Jr., III)

5. Other Names Used - Including Maiden Name

6. Social Security Number (Voluntary, will help prevent misidentification)

7. Place of Birth (City and State or - City and Foreign Country)
   Birttown, OK

8. Date of Birth (Month/Day/Year)
   01/01/1955

9. Race/Ethnicity (Check one or more boxes)
   [ ] American Indian or Alaskan Native [ ] Hispanic
   [ ] Asian
   [ ] Black or African American [ ] White

10. Sex (Check one box)
    [ ] Male
    [X] Female

11. Home Telephone Number (Include area code)
    918-555-1234

12. Work Telephone Number (Include area code and extension)
    918-555-4321

13a. Street Address
    123 Someplace St

13b. Street Address (Continuation)

13c. Apt. Number

13d. City
    Tulsa

13e. State or Province, Country (If outside the United States)
    OK

13f. Zip Code/Postal Code
    74100

Explosives Applicant Business or Operations Name

14. Name and address of explosives business or operations at which you are an employee possessor.
    John Doe Smith
    123 Someplace St, Tulsa, OK 74100

15. Your position in the explosives business or operations.
    Applicant

16. Federal explosives license/permit number for explosives business/operations.
   
   17a. What is your Country of Citizenship?
       USA

   17b. If you have citizenship in additional countries, please list.

   17c. What is your U.S. Immigration and Naturalization Service (INS) issued alien number or admission number?

   The following questions must be answered with a "YES" or "NO" in the box.

   18. Are you a fugitive from justice?
       No

   19. Are you an unlawful user of, or addicted to, marijuana or any depressant, stimulant, or narcotic drug, or any other controlled substance?
       No

   20. Have you ever been convicted in any court of a felony, or any other crime, for which you were imprisoned for more than one year, even if you received a shorter sentence, including probation? (See Definition 1, Exception 1.)
       No

   21. Are you under indictment or information in any court for a felony, or any crime, for which the judge could impose you for more than one year? (An information is a formal accusation of a crime by a prosecutor.) (See Definition 1.)
       No

   22. Have you ever been adjudicated mentally defective (which includes having been adjudicated incompetent to manage your own affairs) or have you ever been committed to a mental institution?
       No

   23. Have you ever been discharged from the Armed Forces under dishonorable conditions?
       No

   24. Have you ever renounced your United States citizenship?
       No

   25. Are you an alien in the United States? If "YES," attach an explanatory statement showing that you are a lawful permanent resident. (See Definition 2, Exception 2.) (Generally, if you are an alien except for a lawful permanent resident alien, you cannot possess explosive materials.)
       No

Under the penalties imposed by 18 U.S.C. 844, I, John Doe Smith, certify under penalties of perjury that the answers on this questionnaire are true, correct, and complete.

Your Signature
John Doe Smith

Date
3-15-2003

For ATF Use Only

OBS No. 140-0072

ATF Form 5200.28

Revised February 2013