



State of New Hampshire

DEPARTMENT OF SAFETY
DIVISION OF STATE POLICE
Permits & Licensing Unit
33 Hazen Drive
Concord, NH 03305
(603) 223-3873



APPLICATION FOR LICENSE TO USE, PURCHASE AND TRANSPORT BLACK POWDER / FLASH POWDER

FOR OFFICIAL USE ONLY BY STATE POLICE

LICENSE NUMBER: _____

DATE OF ISSUE: _____

(Expires two (2) years from date of issue)

THE APPLICANT IS: (CHECK BOX)

An Individual

A Partnership

A Corporation

Limited Liability Corporation

In accordance with the provisions of RSA 158:9-b IV, application is submitted for License to Use, Purchase and Transport Black Powder / Flash Powder within the State of New Hampshire.

(PLEASE PRINT OR TYPE)

1. Name: _____ Date of Birth: _____
(Print name of corporation, firm or individual)

2. Address: _____
(No. Street) (City or Town) (State) (Zip Code)

3. Present Employer: _____
(If self-employed, so state)

4. Employer's Address: _____

5. Position: _____

6. If the applicant is other than an individual, list the following:

(a) Name and address of owner or person in charge:

(b) Name, date of birth and address of person signing license and application:

7. New Hampshire Certificate of Competency for the display of Display Fireworks number: _____

8. Telephone number (include area code): _____

9. Do you now hold a License for Use, Purchase and Transport of Black Powder / Flash Powder in any other state? YES NO If "yes", where? _____ License #: _____

10. Has a license for Use, Purchase and Transport of Black Powder / Flash Powder been refused to you upon application at any previous time? YES NO If "yes", explain fully:

11. Has any previous license for Use, Purchase and Transport of Black Powder / Flash Powder been revoked or suspended? YES NO If "yes", explain fully:
12. Do you have a criminal record which has not been annulled? YES NO If "yes", explain fully:
13. Are you an American Citizen? YES NO
14. How many years have you been engaged in actual display fireworks? _____
15. For what companies, municipalities, or other organizations have you worked in this capacity?
16. Are you under indictment in any court for a crime punishable by imprisonment for a term exceeding one year? YES NO If "yes". explain fully:
17. Are you a fugitive from justice? YES NO
18. Are you twenty-one (21) years of age or older? YES NO
19. Are you an unlawful user of, or addicted to marijuana or any depressant or stimulant drug or narcotic drug? YES NO
20. Have you ever been adjudicated as a mental defective or been committed to any mental institution? YES NO
21. Physical Characteristics: Height: _____ Weight: _____ Color Hair: _____ Color Eyes: _____

I certify that I have read the foregoing application and affirm that every statement contained therein is true and correctly set forth, and I also certify that I am familiar with all state laws, regulations and local ordinances relating to the use, purchase and transport of black powder/flash powder.
(False statements made herein are punishable under NH RSA 641:3.)

Signature of Applicant: _____
(or person authorized to sign on behalf of firm or corporation) (Social Security Number)

Fee is \$100.00. Make checks payable to: Treasurer, State of New Hampshire.

OFFICIAL USE ONLY BY STATE POLICE

Approved Disapproved Application Returned

Reason(s) for return or disapproval: _____

