



GOVERNMENT OF  
THE UNITED STATES VIRGIN ISLANDS  
OFFICE OF THE GOVERNOR  
**VIRGIN ISLANDS FIRE and EMERGENCY MEDICAL  
SERVICES**



“Providing Safety, Service, and Satisfaction”

St. Thomas/St. John: 1005 Ross Taarneberg, St. Thomas, VI 00802 ~ Tel: (340) 774-7610  
St. Croix: No. 3019 Orange Grove, St. Croix, VI 00820 ~ Tel: (340) 773-8050 ~ Fax: (340) 773-8032

**Application  
(Explosives)**

For permit in accordance with the provisions of Chapter 9, Title 23, Section 608(a) of the Virgin Islands Code as amended:

“Permit required by the provisions of this chapter shall be obtained in writing from the Director. Permit shall be for such period as the Director may specify but not exceeding one year. They shall be kept on the premises designated therein and shall be subject to inspection by any officer of the fire or police service.”

To: THE DIRECTOR, VIRGIN ISLANDS FIRE SERVICE Date: \_\_\_\_\_

An application is hereby made for a permit to  handle,  store,  control,  sell,  Purchase,  transfer,  transport,  blast or to  dispose of explosive(s).

Applicant's  
Name: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Have you been convicted of a felony within 5 years? ( ) Yes ( ) No

If answer is yes, explain

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Indicate Type of Explosive:  blasting powder  
 nitroglycerin  
 dynamite  
 TNT  
 To vex  
 Fireworks  
 Other: \_\_\_\_\_

Quantity of explosive \_\_\_\_\_ Explain intended use: \_\_\_\_\_

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**TO BE FILLED BY APPLICANTS FOR PERMIT TO TRANSPORT EXPLOSIVES**

Date of proposed transport: \_\_\_\_\_ Time: \_\_\_\_\_

Type of explosives: \_\_\_\_\_ Quantity: \_\_\_\_\_



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Proposed route to be followed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**TO BE FILLED BY APPLICANTS FOR BLASTING PERMIT**

Date of proposed blasting: \_\_\_\_\_ Time: \_\_\_\_\_

Address of blasting site: \_\_\_\_\_

Approximate area to be affected: \_\_\_\_\_

I certify that the information recorded on this application is correct.

Signature of Applicant \_\_\_\_\_

Attach personal identification card, with fingerprints of applicant, to the application. No application will be processed without this information, which can be obtained at the V.I. Police Department.

**FOR USE BY V. I. FIRE SERVICE**

\_\_\_\_\_  
Date: \_\_\_\_\_

( ) Approved – Permit No.: \_\_\_\_\_ Issued on: \_\_\_\_\_

( ) Disapproved – Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Inspecting Officer \_\_\_\_\_