

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



**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

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