YUBA COUNTY SHERIFF'S DEPARTMENT
215 5th Street, Suite 150
Marysville, CA 95901

EXPLOSIVES PERMIT AND APPLICATION

Permit Information:

Application/Permit #: _____ Application Date: _____

Fees: ☐ $2.00 – 100 lbs. or less
☐ $10.00 – More than 100 lbs.

Permit Date: _____
(Minimum 7 day waiting period)

Applicant Information:

Full Name: _____

Aliases: _____

Residence Address: _____

Business Address: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ E-Mail: _____

DOB: _____ Place of Birth: _____

Sex: _____ Race: _____ Height: _____ Weight: _____

Hair: _____ Eyes: _____ Social Security #: _____

Driver's License #: _____ State: _____ Expires: _____

Have you ever been convicted of a felony crime in any state? ☐ Yes ☐ No

If yes, explain in detail: _____
_____
_____
_____
_____

Are you addicted to a narcotic drug? ☐ Yes ☐ No

If yes, explain in detail: _____

_____

_____

_____

Are you prohibited by state or federal law from possessing, receiving, owning or purchasing a firearm?

☐ Yes ☐ No

Vehicle Used for Transportation:

Provide the following information on the vehicle to be used for transporting the explosives.

Make: _____ Model: _____ Year: _____
Color(s): _____ License #: _____ State: _____

Identify the routes, highways, and stopping places intended to be utilized in transporting the explosives: _____

_____

_____

_____

_____

_____

Activity: (Mark all that apply)

☐ Manufacture ☐ Store ☐ Receive and/or Transport
☐ Use ☐ Sell or Dispose ☐ Operate Terminal ☐ Park Vehicle

Type of Explosive: _____

_____

_____

_____

Where Stored: _____

_____

How Stored: _____

_____

_____

Where Used: _____

_____

How Used: _____

_____

_____

Explain how frequently the explosives will be purchased: _____

_____

_____

Storage Inspection: (If applicable)

Location of storage facility: _____

_____

Description of Container: _____

_____

_____

_____

Are the explosives stored pursuant to the guidelines specified in the California Health & Safety Code and in compliance with the State Fire Marshal regulations?

☐ Yes ☐ No

Inspected By: _____ Date: _____

Additional:

Do you acknowledge this permit shall remain valid only until the time when the act(s) authorized by the permit are performed, but in no event shall it remain valid for a period of longer than one year from the date of issuance?

☐ Yes ☐ No

Do you acknowledge that the explosives to be transported do not require the display of placards for that transportation pursuant to §27903 V.C., unless the driver possesses a license for the transportation of hazardous materials pursuant to Division 14.1 of the Vehicle Code, or the explosives are a hazardous waste as defined in §25117 and §25115 of the Health & Safety Code?

☐ Yes ☐ No

Do you acknowledge that any unused portion of the explosives authorized by this permit shall either be returned to the source from which they were obtained, destroyed, or returned to an appropriate issuing authority in accordance with §12087 of the Health & Safety Code?

☐ Yes ☐ No

Do you acknowledge this permit is not transferrable? ☐ Yes ☐ No

If different from the applicant, list the name and address of the employee or authorized representative designated by the applicant as being responsible for the use, handling, storage, possession or transportation of the explosives: _____

_____

_____

_____

_____

_____

Does that employee or representative possess a valid blaster's license issued by the Division of Industrial Safety to use or handle explosives?

☐ Yes ☐ No

Applicant's Signature: _____ Date: _____

Distribution: ☐

STATE OF CALIFORNIA
BCIA 8016
(Rev. 04/2020)

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

CA0580000
ORI (Code assigned by DOJ)

EXPLOSIVE PERMT
Authorized Applicant Type

EXPLOSIVE PERMIT
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

YUBA COUNTY SHERIFF'S OFFICE
Agency Authorized to Receive Criminal Record Information

00501
Mail Code (five-digit code assigned by DOJ)

720 YUBA STREET
Street Address or P.O. Box

TINA BEELER
Contact Name (mandatory for all school submissions)

MARYSVILLE
City

CA
State

95901
ZIP Code

(530) 749-7779
Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name: (AKA or Alias)

Last Name

First Name

Suffix

Sex ☐ Male ☐ Female

Date of Birth

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing Number
(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc. Number
(Other Identification Number)

Home Address
Street Address or P.O. Box

City

State

ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number:
OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☐ FBI
(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number:
(Must provide proof of rejection)
Original ATI Number

Employer (Additional response for agencies specified by statute):

N/A
Employer Name

N/A
Street Address or P.O. Box

N/A
Telephone Number (optional)

N/A
City

State

N/A
ZIP Code

N/A
Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed

REQUEST FOR LIVE SCAN SERVICE

Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at http://oag.ca.gov/privacy-policy.

Providing Personal Information. All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

Access to Your Information. You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

Contact Information. For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at keeperofrecords@doj.ca.gov, or by mail at:

Department of Justice
Bureau of Criminal Information & Analysis
Keeper of Records
P.O. Box 903417
Sacramento, CA 94203-4170

REQUEST FOR LIVE SCAN SERVICE

Privacy Act Statement

Authority. The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose. Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses. During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental, or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

REQUEST FOR LIVE SCAN SERVICE

Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification[1] that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared. [2]
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record. [3]

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council. [4]

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at https://www.fbi.gov/services/cjis/identity-history-summary-checks.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) *You can find additional information on the FBI website at* https://www.fbi.gov/about-us/cjis/background-checks.

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[1] Written notification includes electronic notification, but excludes oral notification

[2] https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement

[3] See 28 CFR 50.12(b)

[4] See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)