



Letter of Intent/ Permit Application Instructions

This form consist of 3 pages, complete all 3 pages of this form to the best of your ability.

1. Fields outlined in **RED** are required.

* If all **REQUIRED** fields are not filled in, application is **NOT** considered complete.

2. If other licenses are required for special effect (i.e. Fireguard, Armorist, etc...), please include Name, License number, and expiration date in the **NOTES** section on page 2 of this form.

3. Attachments (Page2):

Please submit all attachments with this form (*if possible*). If not all attachments will be required by the date of the inspection.

4. Please note: Page 3 is available for you to list the Quantities and Description of the products being used.

5. When complete, email form back to explounit@fdny.nyc.gov

Call (718) 999-1595, if you have any questions or concerns with this form.

Thank you,

FDNY Explosives Unit



FDNY Explosives Unit Letter of Intent/ Permit Application

Attn: Chief Joseph Meyers
9 Metrotech Center RM 3N-83K
Brooklyn, NY 11201

Email: Explounit@fdny.nyc.gov
Phone: 718-999-1595

(This does not authorize effects. Wait for FDNY approval)

48 hours notice required (additional fees may apply)

Date

This is a(n): **Company Name and Address** Billing Information (if different)

- Original
- Update
- Renewal
- Cancellation
(Will incur a fee without prior notification)

Production Title **Site Location**

Type of inspection **Inspection Date requested** Inspection Time Requested

- Pre-site/Scout
- Site Inspection
- Monthly

Contact information **Proposed date(s) of Special Effect** **Time of special effect**

Liability Insurance Minimum \$1,000,000 required

Name of Insurance Company Policy Number Exp. Date

PENALTY FOR FALSIFICATION OF ANY STATEMENTS MADE HEREIN IS AN OFFENSE PUNISHABLE BY REVOCATION OF PERMIT, FINE OR IMPRISONMENT AS SET FORTH IN THE ADMINISTRATIVE CODE.

Signed _____
Signature of at least one officer

For Office Use Only

Approved by:		Permit Fee	Inspection/Monitor Fee
<input type="radio"/> JM	Permit No:	<input type="radio"/> No Fee	<input type="radio"/> No Fee
<input type="radio"/> JD	Permit Exp.:	<input type="radio"/> 105	<input type="radio"/> 105
<input type="radio"/> MR	Inspection done by:	<input type="radio"/> 210	<input type="radio"/> 210
		<input type="radio"/> 420	<input type="radio"/> 420
		<input type="radio"/> Other _____	<input type="radio"/> Other _____

Certificate of Fitness Holder

COF Type

COF number

**COF Expiration
Date**

Attachments

(Can be submitted by day of inspection)

- Copy of COF card(s)
- General Liability insurance
- Site Diagram
- Property owner's consent
- Mayor's office schedule A

- Signed and notarized release forms
- Flame Proofing certificates
- Certificate of Occupancy
- Certificate of Operation
- Call Sheet

- TPA
- Safety Data Sheet(s) SDS

Description of effect

Notes:

List of Materials:

Quantity Description

Quantity Description

Quantity Description

Quantity Description

Quantity Description

Quantity Description

Quantity Description

Quantity Description

Quantity Description

Quantity Description