

City and Borough of Sitka

Transportation of Explosives & Blasting Agents Permit

Company: _____

Contact Name: _____ Email: _____

Contact Number: _____ Fax: _____

Material Being Transported: _____

Amount of Material: _____

Name of Operator: _____

Driver's License #: _____ HME: Yes / No

License Plate: _____

DOT Placard Division: _____ ERG Number: _____

Origin: _____

Destination: _____

Travel Route: _____

Estimated

Departure time: _____ Arrival Time: _____

Emergency Contact: _____

Emergency Contact Number: _____

Fax form to Sitka Fire Department 907-747-7450

Sitka Fire Department use

Approved by: _____ Date of Issue: _____

Approval Signature: _____ Time of Issue: _____

Expiration Time: _____ Expiration Date: _____