Figure 3-1: Explosives Purchase/Receipt/Transportation Authorization List

Address and County: (Home Office) Address and County: (Home Office)			
Federal License #: Expiration Date:			
The following individuals are agents, employees, or representatives of the undersigned, and are authorized to order or acquire explosive materials on behalf of Weston			
Name and Home Address	Driver's License No.	Soc. Sec. Number	Place of Birth
The undersigned certifies the foregoing information to be true and correct to the best of his knowledge and belief, and that he will communicate any additions or deletions to the foregoing list to Weston			
	Date		