

Gibson Fireworks
Display Fireworks
Distributions Record
Customer Information Form

BATF REQUIRES THAT WE OBTAIN THIS INFORMATION

Company Name: _____

Contact Name: _____

Principal Place _____

of Business : _____

Date of Distribution: _____

Social Security Number or
Federal Employer ID number: _____

BATF Permit License Number: _____

Expiration Date and Type: _____

Drivers License: _____

PERSON(S) AUTHORIZED TO ORDER EXPLOSIVES

| NAME | HOME ADDRESS | BIRTH PLACE | BIRTHDATE | SOCIAL SECURITY # |
|------|--------------|-------------|-----------|-------------------|
| | | | | |
| | | | | |
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PERSON(S) AUTHORIZED TO SIGN AND RECIEVE EXPLOSIVES

| NAME | HOME ADDRESS | BIRTH PLACE | BIRTHDATE | SOCIAL SECURITY # |
|------|--------------|-------------|-----------|-------------------|
| | | | | |
| | | | | |
| | | | | |

Intended Use of Explosives
(ie Fireworks Displays) _____

Original Signature of
Licensee Permittee: _____
(Must be the same signature as appears on the BATF License or permit)

Printed Name Title: _____