



5735 US Highway 1 North • Southern Pines, NC 28387
Phone: (910) 692-6898 • Fax: (910) 692-8114

Authorization to Sign

Customer: _____

Please list below the persons authorized "To Sign" for explosives on behalf of your company/agency.

Name: _____

Address: _____

Birth Date: _____

Birth Place: _____

Driver's License #: _____

Expiration Date: _____

Name: _____

Address: _____

Birth Date: _____

Birth Place: _____

Driver's License #: _____

Expiration Date: _____

Name: _____

Address: _____

Birth Date: _____

Birth Place: _____

Driver's License #: _____

Expiration Date: _____

Name: _____

Address: _____

Birth Date: _____

Birth Place: _____

Driver's License #: _____

Expiration Date: _____

I certify the above information to be true.

Authorized Signature & Title

Date

Print or Type Name & Title