



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

---

## Intended Use of Explosive Materials / End Use Certification

Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

I certify that the intended use of explosives purchased by the above named company from **K2 Solutions, Inc.** will be:

\_\_\_\_\_  
(Example: resale, mining, quarry, agriculture, construction, road construction, law enforcement, seismographic research, governmental, etc.).

I also understand that at any time this information is no longer current, a revised certification will be provided to **K2 Solutions, Inc.**

\_\_\_\_\_  
Authorized Signature & Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or Type Name & Title