STATE OF ALABAMA

DEPARTMENT OF INSURANCE

STATE FIRE MARSHAL'S OFFICE

(334) 241-4166 FAX (334) 241-4158

MAILING ADDRESS:
P O BOX 303352
MONTGOMERY AL 36130-3352

OVERNIGHT ADDRESS:
201 MONROE ST., SUITE 1790
MONTGOMERY, AL 36104

BLASTING CERTIFICATION APPLICATION

Certification Class Applied For:

{ } A (Unlimited) { } B (General Above Ground { } C (General Under Ground { } D (Demolition)

{ } G (Special) specify type work _____

Name of Applicant _____ Race _____ Sex _____

(PLEASE PRINT OR TYPE)

Date of Birth _____ Social Security No. _____ Telephone No. (____) _____

Complete Home Address _____

Name of Employer _____

Address of Employer _____

ADDRESS CITY STATE ZIP

Employer Telephone No. (____) _____

Have you ever been certified or licensed by this office before? **Yes** _____ **No** _____

Are you currently certified and licensed in any other state? **Yes** _____ **No** _____

If yes: which state and when? _____

Have you ever been denied a blaster's license in any state? **Yes** _____ **No** _____

If yes: provide complete details for each occurrence.

Has this blaster ever been charged with or convicted of a crime involving the illegal use of explosives?

Yes _____ **No** _____ **If yes: provide complete details.**

Has this blaster ever been charged with or convicted of a felony? **Yes** _____ **No** _____

(Felony charges may include, but are not limited to, crimes involving drugs, burglary, robbery, murder, manslaughter, and explosives or firearms violations.)

Do you store explosives? Always _____ Occasionally _____ Never _____

Location of physical storage facility. _____

I hereby certify that the information provided herein is true and correct.

_____ _____

Date of Application **Applicant's Signature**

Work experience resume required for first time applicants.

$100.00 LICENSE FEE AND ONE 2"X2" PASSPORT SIZE PHOTOGRAPH TO BE SUBMITTED WITH APPLICATION.

MAKE ALL CHECKS PAYABLE TO THE STATE FIRE MARSHAL'S FUND.

----FOR OFFICE USE ONLY----------FOR OFFICE USE ONLY----------FOR OFFICE USE ONLY----

App Rev Started _____ Completed _____

Approve _____ Deny _____ Blaster ID No. _____

EQUAL OPPORTUNITY EMPLOYER