



**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 STREET, SUITE 1790  
MONTGOMERY, AL 36104  
**PLEASE USE UPS, DHL OR FEDEX**

**BLASTING CONTRACTOR APPLICATION**

Name: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_  
(PLEASE PRINT OR TYPE)

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_  
ADDRESS CITY STATE ZIP

Telephone Number: \_\_\_\_\_ Business Federal Identification No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
ADDRESS CITY STATE ZIP

Has this contractor ever been licensed by this office before? Yes \_\_\_\_\_ No \_\_\_\_\_

Is this contractor under indictment or information for, or have been convicted in any court of, a crime punishable by imprisonment for a term exceeding one (1) year? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Charges may include, but are not limited to, crimes involving drugs, burglary, robbery, murder, manslaughter, and explosives or firearms violations.)

Has this contractor ever been charged with or convicted of a crime involving the illegal use of explosives? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide complete details.

Is this contractor a fugitive from justice? Yes \_\_\_\_\_ No \_\_\_\_\_

Is this contractor unlawful user or addicted to the use of alcohol, narcotics or dangerous drugs? Yes \_\_\_\_\_ No \_\_\_\_\_

Has this contractor ever been adjudicated mentally defective or committed to a mental institution? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes: provide complete details.

Is this contractor an illegal immigrant? Yes \_\_\_\_\_ No \_\_\_\_\_

Has this contractor been discharged from the armed forces under dishonorable conditions? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes: provide complete details.

Has this contractor ever renounced his/her United States citizenship? Yes \_\_\_\_\_ No \_\_\_\_\_

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

.....  
**LICENSE FEE OF \$2,000.00 TO BE SUBMITTED WITH APPLICATION.  
MAKE ALL CHECKS PAYABLE TO THE STATE FIRE MARSHAL'S FUND.**  
.....

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

App Rev Started \_\_\_\_\_ Completed \_\_\_\_\_

Approve \_\_\_\_\_ Deny \_\_\_\_\_ ID No. \_\_\_\_\_

EQUAL OPPORTUNITY EMPLOYER