



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

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 _____

Has this contractor 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.)

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.

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 MARSHALS FUND.

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

App Rev Started _____ Completed _____

Approve _____ Deny _____ ID No. _____

EQUAL OPPORTUNITY EMPLOYER