



STATE OF ALABAMA
DEPARTMENT OF INSURANCE
STATE FIRE MARSHAL'S OFFICE
(334) 241-4166 FAX (334) 241-4158
www.firemarshal.alabama.gov

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

OVERNIGHT ADDRESS:
201 MONROE ST., SUITE 1790
MONTGOMERY, AL 36104
PLEASE USE UPS, DHL, FEDEX

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 _____
ADDRESS CITY STATE ZIP

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.

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

Are you a fugitive from justice? Yes _____ No _____

Are you an unlawful user or addicted to the use of alcohol, narcotics or dangerous drugs?
Yes _____ No _____

Have you ever been adjudicated mentally defective or committed to a mental institution?

Yes _____ No _____ If yes: provide complete details.

Are you a United States Citizen?

Yes _____ No _____

Have you been discharged from the armed forces under dishonorable conditions?

Yes _____ No _____ If yes: provide complete details.

Have you ever renounced your 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

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