



**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**  
**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 an illegal immigrant? 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**