



DEPARTMENT OF FINANCIAL SERVICES
Division of State Fire Marshal

APPLICATION FOR STATE EXPLOSIVE PERMIT
BUREAU OF FIRE PREVENTION
REGULATORY LICENSING SECTION

Return to: Revenue Processing Section
P. O. Box 6100
Tallahassee, FL 32314-6100

In compliance with Chapter 552, Florida Statutes, application is hereby made for a State Explosives Blaster's Permit.

- Explosives Blaster's Permit Type 09 Class 06 F/T L Fee: \$50.00
Examination Filing Fee Type 07 Class 07 F/T F Fee: \$30.00

Make Check Payable to the "State Fire Marshal" Total Fee(s) Submitted: \$

1. Name:
2. Home Address: Number Street
City County State Zip Code

THE DEPARTMENT IS AUTHORIZED TO COLLECT YOUR SOCIAL SECURITY NUMBER BY THE PROVISIONS OF SECTION 552.092(2), FLORIDA STATUTES. THE PURPOSE OF COLLECTION IS TO CONDUCT A CRIMINAL BACKGROUND CHECK. THE DEPARTMENT WILL NOT USE YOUR SOCIAL SECURITY NUMBER FOR ANY OTHER PURPOSES.

PERSONAL DESCRIPTION OF QUALIFYING INDIVIDUAL:

3. Height: Weight: Color of Hair: Color of Eyes Sex: Race:
Social Security Number: Date of Birth: State of Birth:
Identifying Marks:
Home Phone Number:

- 4. Have you ever been convicted of a felony? Yes No
5. If the answer to the above question is yes, have your been pardoned or have your civil rights been restored? Yes No
6. Have you ever been adjudicated mentally incompetent? Yes No
7. If the answer to the above question is yes, have your civil rights been restored? Yes No

\*\*\*\*THE REVERSE SIDE OF THIS FORM MUST BE COMPLETED IN DETAIL\*\*\*\*

**Business/Applicant Name:** \_\_\_\_\_

8. Previous Employer and Permit Number: \_\_\_\_\_  
(If Applicable)

9. PERMIT REQUESTED TO BE ISSUED UNDER THE USER LICENSE AS LISTED:

Firm Name or Individual: \_\_\_\_\_

(Must be completed as indicated on User License)

Address: \_\_\_\_\_

Number

Street

City

County

State

Zip Code

Telephone Number: \_\_\_\_\_

Valid User License Number (07 06): \_\_\_\_\_

Qualifier Name: \_\_\_\_\_

10. Submit a current photograph with this application.

**FINGERPRINT CARD AND PHOTOGRAPH MUST ACCOMPANY APPLICATION**

I certify that I understand the Blaster's Permit, if issued, remains valid only while I am employed by the above licensed User of Explosives.

Signature of Applicant \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ by \_\_\_\_\_  
Day, Month, Year

who is personally known or who has produced \_\_\_\_\_ as identification, and who  has  has not taken an oath.

Seal \_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Type, Print or Stamp Name

I hereby certify that the person whose name appears on this application for a State Blaster's Permit is currently employed. I further certify my understanding that this permit must be retained by me and returned to the State Fire Marshal when such employment is terminated.

Signature of License Qualifier \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ by \_\_\_\_\_  
Day, Month, Year

who is personally known or who has produced \_\_\_\_\_ as identification, and who  has  has not taken an oath.

Seal \_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Type, Print or Stamp Name