

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