



SAFETY FIRE COMMISSIONER

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER

Ralph T. Hudgens, Commissioner

2 Martin Luther King Jr., Dr., Suite 920, West Tower, Atlanta, GA 30334



www.oci.ga.gov

Phone: 404-656-9499 Fax: (770)344-4854 E-mail: hazmat@sfm.ga.gov

SAFETY FIRE
HAZARDOUS MATERIALS
GID-250-SF JUN2015

Application For Explosives License

Pursuant to the provisions of the Rules of Safety Fire Commissioner, Chapter 120 -3-10, application is hereby made for Explosive License. Note: This application will not be processed if incomplete or license fee is not attached. Use typewriter or print with ballpoint pen.

Check One: New Renewal Do NOT Renew, Close File Year: _____

File No.: _____XXX_____ Last Year's License No.: _____

Company Name: _____ Phone: _____

Owner/Officer Name: _____ Phone: _____

Address: _____ P.O. Box: _____

City: _____ County: _____ State _____ Zip: _____

LICENSE INFORMATION

Should this application be approved, the licensee will be authorized to handle explosives only in the following areas as requested by checking the appropriate space below.

Type of Business: _____ Federal Explosive License No: _____ Expires: _____

PURPOSE OF LICENSE

Purchase (Supplier): _____

Storage (Location):
Street _____ City _____ County _____ Zip _____

Sale (Explain): _____

Use (Explain): _____

Transportation (If no, explain how explosives are received and from whom): _____

Include a safety inspection affidavit for applications to transport with the Make, Model, Tag No., and VIN of each vehicle used to transport.

Manufacture (Specify) (ATF License required): _____

Type of explosives or other material to be acquired: _____

Are explosives ever shipped interstate? Yes No Maximum quantity of explosives requested _____

Fee amount attached \$ _____ Check _____ Other: _____

ADDRESS TO REMIT BY MAIL:

Georgia Dept. of Insurance- Fire Safety Division, P.O. Box 935136, Atlanta, GA 31193-5136

ADDRESS TO REMIT BY COURIER:

Wachovia Bank, Georgia Dept. of Insurance- Fire Safety Division, Lockbox 935136, 3585 Atlanta Ave, Hapeville, GA 30354

Effective 1-1-2012, the Citizenship Affidavit Form GID-276-EN must be submitted with this application for processing.

I, the undersigned do hereby certify that I am familiar with all Responsible Persons applicants for the above company. I further certify all are fully knowledgeable with the explosive safety requirements, codes, standards, rules and regulations, Chapter 120-3-10. It is understood that an explosive license is not transferable and I agree upon any change of ownership, responsible person(s), or location of explosives to notify the State Fire Marshal promptly of such change. I/we am/are familiar with the requirements of Georgia Rules and Regulations governing explosives and I/we will comply with the provisions of these Regulations.

ATTEST Signature _____ Title _____ Date _____

The Applicant, known to me to be such person, who after having been by me first sworn, deposes and says on oath that he/she is the person who subscribed the name of the above state foregoing applicant to the instrument, and that he/she signed the same as the deed and act of said applicant and in the capacity therein set forth and that he/she has carefully read the foregoing statements and representations made in said instrument, and that the same true in substance and in fact. SUBSCRIBED AND SWORN TO

NOTARY Sworn to and Subscribed before Me this _____ day of _____, _____
Signature _____ My Commission Expires _____ (Seal)

RESPONSIBLE PERSON INFORMATION AND CONSENT FORM

Responsible Person Information: This application must be completed for each individual wishing to obtain a Level I, Level II, or a Level III Blaster's Competency Card as referenced in the Safety Fire Commissioners Rules and Regulations 120-3-10.

Effective 1-1-2012, the Citizenship Affidavit Form GID-276-EN must be submitted with this application for processing.

Individual's Full Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____ Sex: _____

Race: _____ DOB: _____ Social Security Number: _____

Driver's License No: _____ State: _____ Expiration: _____

The following questions require either a "YES" or "NO" answer. For all "YES" answers, attach a written explanation.

1. Are you an unlawful user of or addicted to the use of alcohol, narcotics or dangerous drugs? YES _____ NO _____
2. Have you been adjudicated mentally defective? YES _____ NO _____
3. Have you been convicted of a felony? YES _____ NO _____
4. Have you been convicted of any criminal offense, other than minor traffic violations? YES _____ NO _____
5. Are you awaiting disposition on any criminal offense? YES _____ NO _____

Based on the requirements outlined in Safety Fire Commissioners Rules and Regulations 120-3-10, please identify the Level of Blasters Competency you are applying for (**Approved Continuing Education Documentation, if due, must be attached for the renewal of Level III Certification.**)

Level I () Level II () Level III ()

Qualifications of Responsible Person: This Section Shall Be Completed For All New and Renewal Applicants Attach separate documentation outlining the applicants academic credentials and employment record (to include each employer's name, address, telephone number, term of employment, and discussion of job performed) in reference to his/her actual explosive experience. This presentation shall contain sufficient detail and clarity to enable the examiner of this application to ascertain the person's proficiency in the handling and use of explosives, as well as determine qualifications for the Blasting Competency Level applied for.

Company Name

Company Officer (Print Name and Title)

Company File Number or License Number

Company Officer Signature

Certification and Consent: I, the undersigned, hereby authorize the Commissioner of Insurance or his designee to receive any criminal history record information pertaining to me which may be in the files of the Georgia Crime Information System. I certify that I am fully knowledgeable of and will comply with all of the explosives safety requirements, codes, standards and the Safety Fire Commissioners Rules and Regulations, Chapter 120-3-10. I further certify that the Qualifications section of this application which I have provided is also true. **I understand that, if issued, my "Blasters Competency Card" will only be valid while I am employed by the above company and shall be surrendered upon termination.**

Signature _____ Title _____ Date _____

The Applicant, known to me to be such person, who after having been by me first sworn, deposes and says on oath that he/she is the person who subscribed the name of the above state foregoing applicant to the instrument, and that he/she signed the same as the deed and act of said applicant and in the capacity therein set forth and that he/she has carefully read the foregoing statements and representations made in said instrument, and that the same true in substance and in fact. **SUBSCRIBED AND SWORN TO BEFORE ME**

NOTARY	Sworn to and Subscribed before Me this _____ day of _____	(Seal)
	Signature _____ My Commission Expires _____	