



John W. Oxendine  
Commissioner

Georgia Safety Fire  
Commissioner Hazardous  
Materials Section 620 West Tower,  
Floyd Building 2 Martin Luther King Jr.  
Drive Atlanta, Georgia 30334

**Application For Explosives License For The Year 20**

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 wish to renew, close file ( ) File No.     X     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:
<b>PURPOSE OF LICENSE</b>		
<input type="checkbox"/> Purchase (Supplier):		
<input type="checkbox"/> Storage (Location): Street Address: City: County: Zip:		
If no storage, explain:		
<input type="checkbox"/> Sale (Explain):		
<input type="checkbox"/> Use (Explain):		
<input type="checkbox"/> Transportation (If no, explain how explosives are received and from whom)		
All applications to transport shall be accompanied by a safety inspection affidavit to include Make, Model, Tag No., and VIN of each vehicle to be used to transport.		
<input type="checkbox"/> 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:		

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.

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
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 applicant to the foregoing 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

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2\_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

My Commission Expires \_\_\_\_\_

# 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.

Individual's Full Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Sex: \_\_\_\_\_

Race: \_\_\_\_\_ DOB: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Drivers 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 of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

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 applicant to the foregoing 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

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2\_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

My Commission Expires \_\_\_\_\_