



**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.

- |                          |                             |                  |     |   |              |
|--------------------------|-----------------------------|------------------|-----|---|--------------|
| <input type="checkbox"/> | Explosives Blaster's Permit | Type 09 Class 06 | F/T | L | Fee: \$50.00 |
| <input type="checkbox"/> | 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

**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 you 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