Revenue Processing Section

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## APPLICATION FOR STATE EXPLOSIVE PERMIT BUREAU OF FIRE PREVENTION REGULATORY LICENSING 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 Fee: \$50.00 F/T L  $\Box$ Type 07 Class 07 Examination Filing Fee F/T F Fee: \$30.00 Make Check Payable to the "State Fire Marshal" Total Fee(s) Submitted: \$ 1. 2. Home Address: Number Street Citv 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: Have you ever been convicted of a felony? ☐ Yes ☐ No 4. 5 If the answer to the above question is yes, have your been pardoned or have your civil rights been restored? □ No ☐ Yes 6. ☐ No

□ No

If the answer to the above question is yes, have your civil rights been restored? \(\sigma\) Yes

7.

	Business/Applicant Name:				
8.	Previous Employer and Permit Nu	ımber:			
	(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:		<u></u>		
	Valid User License Number (07 06	3):			
	Qualifier Name:				
10.	Submit a current photograph with	Submit a current photograph with this application.			
I certif Explos	y that I understand the Blaster's Per sives.	mit, if issued, remains valid	only while I am employed by	the above licensed User of	
Signat	ture of Applicant				
Sworn	to and subscribed before me this	Day, Month, Yea	by		
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