



STATE OF DELAWARE
 OFFICE OF THE STATE FIRE MARSHAL
 2307 MACARTHUR ROAD
 NEW CASTLE, DELAWARE 19720-2426
 PHONE NUMBER (302)323-5375



APPLICATION FOR BLASTER'S LICENSE RENEWAL

Instructions: Complete this application for renewal; attach a **CURRENT PASSPORT PHOTOGRAPH** with a check or money order in the amount of \$10.00 made payable to the *State of Delaware*, and forward to the address below. Applications for renewal must be received by November 30. Any license that is not renewed by the expiration date will be voided.

**Please note that #10 on this form must be completed.*

DATE: _____

1. _____ 2. _____
 Name of Applicant County

_____ 3. _____
 Address Social Security Number

_____ 4. _____
 City State Zip Home Phone Number

4. _____ 5. _____
 Date of Birth/Age Cell Phone Number

6. _____
 Present Employer's Name, Address, Phone Number

7. _____
 Delaware Blaster's License Number and Class

8. Has applicant been convicted of any crime within the last calendar year? _____

If answered yes, what crime, when, where?

9. Do you hold a license to use explosives from any State, City, etc.? _____ Explain _____

10. * Insurance Carrier _____ Policy No. _____

Application is hereby made for renewal of a Delaware Blaster's License according to the information supplied above. All provisions of the State Fire Prevention Rules and Regulations, adopted codes, statutes and ordinances shall be complied with in use of this license.

| <u>Fire Marshal Use Only</u> | |
|-------------------------------------|--|
| Date Rec'd: | _____ |
| Check #: | _____ |
| Fee Rec'd: | _____ |
| License #/Class: | _____ |
| Expiration Date: | _____ |
| Photo? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

 Signature of Applicant/Title

 Email address