



OFFICE OF THE STATE FIRE MARSHAL

Delaware Fire Service Center
2307 MacArthur Road
New Castle, DE 19720-2426
302-323-5375/Fax 302-323-5366



APPLICATION FOR BLASTER'S LICENSE RENEWAL

Complete this application for renewal; attach a **CURRENT PASSPORT PHOTOGRAPH** with a check or money order in the amount of **\$100.00** 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. _____
Name of Applicant
2. _____
County
3. _____
Social Security Number
4. _____
Address
5. _____
Home Phone Number
6. _____
City State Zip
7. _____
Date of Birth/Age
8. _____
Cell Phone Number
9. _____
Present Employer's Name, Address, Phone Number
10. _____
Delaware Blaster's License Number and Class
11. Has applicant been convicted of any crime within the last calendar year? YES NO
If yes, explain what crime, when, where? _____
12. Do you hold a license to use explosives from any State, City, etc.? YES NO
Explain: _____
13. * Insurance Carrier _____ Policy No. _____
14. Email address _____

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.

FIRE MARSHAL USE ONLY

Date Rec'd: _____
Check #: _____
Fee Rec'd: _____
License #/Class: _____
Expiration Date: _____
Photo? YES NO

Signature of Applicant/Title