



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 EXAMINATION

INSTRUCTIONS: COMPLETE THE APPLICATION IN FULL, ATTACH CURRENT PHOTOGRAPH, A CHECK OR MONEY ORDER IN THE AMOUNT OF \$100.00, **MADE PAYABLE TO THE STATE OF DELAWARE**, AND FORWARD TO THE ADDRESS ABOVE. UPON RECEIPT OF THE COMPLETED APPLICATION, IT WILL BE PROCESSED AND THE APPLICANT WILL BE ADVISED WHEN AND WHERE TO REPORT FOR TESTING.

1. Name & Address of Applicant: _____

County: _____ Phone: _____

2. Social Security Number: _____ 3. Date of Birth: _____

4. Age: _____ 5. Race: _____ 6. Height: _____ 7. Weight: _____

8. Color of Hair: _____ 9. Color of Eyes: _____

10. Present Employer: _____
 Name & Address _____

11. Has applicant ever been convicted of any crime, with the exception of traffic offenses? _____
 If answered yes, what crime, when, where?

12. Background checks attached. Y or N _____

13. Briefly outline your experience in use of explosives; if other licenses are held, list name. _____

14. I, _____ do hereby certify that I have not knowingly withheld
 (Print Name of Applicant)
 information or have not made any false or fictitious statement intended or likely to deceive, in connection with the application; and I also certify that I have a familiarity and understanding of all published Federal, State and local laws relating to explosives.

<u>Fire Marshal Use Only</u>	
Date Rec'd:	_____
Check #:	_____
Fee Rec'd:	_____
License #:	_____
Expiration Date:	_____

 Signature of Applicant

 E-mail Address