



Division of the State Fire Marshal  
118 Parade Street  
Providence, RI 02909  
Phone: 401-462-4200 Fax: 401-462-4250

License No. 37- \_\_\_\_\_

**APPLICATION FOR BLASTING CERTIFICATE OF COMPETENCY**

**REQUIREMENTS FOR A LICENSE TO USE EXPLOSIVES:**

The applicant must present application to the Division of Fire Safety. You must have a letter from a physician stating that you are competent to use explosives. At the time of the test please bring a check for \$10.00 for the test (**checks only**). **Please do not send money at this time.** Applicants are required to be fingerprinted and tested at the R.I. State Fire Marshal's Office.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Print name in full)

Address: \_\_\_\_\_

Length of time at present address: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Social Security #: \_\_\_\_\_ height: \_\_\_\_\_ weight: \_\_\_\_\_ hair: \_\_\_\_\_ eyes: \_\_\_\_\_

Present Employer: \_\_\_\_\_ Business telephone: \_\_\_\_\_

Address of employer: \_\_\_\_\_ Position: \_\_\_\_\_

Number of years you have been engaged in use of Explosives: \_\_\_\_\_

Other companies, municipalities or organizations you have worked in this capacity:

Three most recent towns and dates of permits you have held to store, transport or use explosives during the past year:

Other states you hold a license or certificate of competency to use explosives in:

Has a license or certificate of competency been refused you upon application at any previous time? \_\_\_\_\_ If so, explain fully: \_\_\_\_\_

Has any previous license or certificate of competency been revoked or suspended at any time in the state of Rhode Island or any other state? \_\_\_\_\_ If so, explain fully: \_\_\_\_\_

Have you ever been involved in any incident(s) of personal injury or property damage as a result of the use of explosives? \_\_\_\_\_ If so, explain fully: \_\_\_\_\_

Have you ever been arrested for anything other than a motor vehicle violation? \_\_\_\_\_ If so, explain fully: \_\_\_\_\_

I HEREBY CERTIFY THAT I HAVE READ THE FOREGOING APPLICATION AND AFFIRM THAT EVERY STATEMENT CONTAINED THEREIN IS TRUE AND CORRECTLY SET FORTH, AND I DO HEREBY ASSERT AND AGREE, AS A CONDITION PRECEDENT TO THE RECEIVING OF SAID LICENSE, THAT THE SAME MAY AT ANY TIME, BE SUMMARILY REVOKED OR SUSPENDED BY THE STATE FIRE MARSHAL OR HIS DEPUTIES FOR ANY INFRACTION OF, OR FAILURE TO COMPLY WITH ALL RULES AND REGULATIONS OF THE STATE OF RHODE ISLAND OR STATE FIRE MARSHAL PERTAINING TO THE KEEPING, STORING, USE AND MANUFACTURE, SALE, HANDLING, TRANSPORTATION OR OTHER DISPOSITION OF EXPLOSIVES.

**A TRUE STATEMENT MADE UNDER THE PENALTIES OF PERJURY**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Two persons, one of whom is the holder of a valid license to conduct explosive operations having knowledge of the applicant's competency to conduct such explosive operations, must endorse this application.

**ENDORSED BY:**

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City/town \_\_\_\_\_ City/town \_\_\_\_\_

State \_\_\_\_\_ State \_\_\_\_\_

License # \_\_\_\_\_ License # \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

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**OFFICE USE ONLY**

Examined \_\_\_\_\_

Qualified \_\_\_\_\_

Restrictions \_\_\_\_\_

Examiner \_\_\_\_\_ Date \_\_\_\_\_

**TO WHOM IT MAY CONCERN:**

\_\_\_\_\_  
(Date)

I, \_\_\_\_\_, **D.O.B.** \_\_\_\_\_  
(print name)

**of,** \_\_\_\_\_  
(complete address – including zip code)

am applying for a blasting license in the State of Rhode Island. By doing so, I give my permission to the State Fire Marshal, or his agent, to conduct a complete background investigation, including fingerprinting, and examine any and all police records that pertain to me. I also agree to provide to the State Fire Marshal a letter from a certified physician stating that I am emotionally and physically competent to handle and use explosives.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

**SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF**

\_\_\_\_\_, \_\_\_\_\_ **A.D.**

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
(Commission Expires)