



South Carolina Department of Labor, Licensing and Regulation
Division of Fire and Life Safety
Office of State Fire Marshal
141 Monticello Trail
Columbia, SC 29203
Phone: (803) 896-9854 Fax: (803) 896-9806

APPLICATION FOR BLASTER LICENSE

FOR OFFICE USE ONLY

DATE OF EXAM _____
DATE OF LAST EXAM _____
LICENSE NO. _____
PASS/FAIL _____

Proper fees and any other required documentation must accompany each application. All questions on the application must be completed. Any incomplete license package will be returned to the applicant.

Type or Print in Black Ink

Must Select One of the Following Categories:

Fees: \$250 (annually)

- Unlimited License Class A General Aboveground License Class B General Underground License Class C
 Demolition License Class D Seismic License Class E Agriculture License Class F
 Special License Class G, Description _____

1. Name _____ Phone _____
Last First MI

2. Mailing Address _____
Street or PO Box City/State Zip

3. Employer _____ Phone _____
Address _____

4. Sex _____ Date of Birth _____ Place of Birth _____

5. Height _____ Weight _____ Eyes _____ Hair _____

6. Social Security Number _____ Drivers License No. _____

7. Type of blasting to be performed in South Carolina _____

8. Do you plan to maintain magazines? _____ If yes, how many? _____ Where? _____

9. Where will records pursuant to the SC Explosives Act be stored or kept? _____

(OVER)

10. Are you a member of a group or organization which advocates violent overthrow of, or violent action against the federal, state or local government? _____
11. Have you ever been convicted of, or are you presently under indictment for a crime punishable by a term of imprisonment exceeding two years? _____
12. Are you addicted to alcohol or drugs? _____
13. Have you ever been judged as mentally incompetent? _____

I certify that I have received, read and understand copies of the SC Explosives Control Act of 1986 and the Rules and Regulations promulgated under Section 8 thereof, these being codified as Subarticle 3, 71-8302 through 71-8302.8. I further certify that the information contained herein is true and correct to the best of my knowledge.

Signature of Applicant

SWORN TO BEFORE ME:

THIS _____ DAY OF _____, 20 _____

Notary Signature

MY COMMISSION EXPIRES _____