

FOR OFFICE USE ONLY

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

Proper fees and any other required documentation must accompany each

APPLICATION FOR BLASTER LICENSE

DAT LICI	TE OF EXAM TE OF LAST EXAM ENSE NO SS/FAIL	incomplete license pa	ions on the application muckage will be returned to to	he applicant.	
□ Unli	Select One of the Following imited License Class A Gen molition License Class D Secial License Class G, Description _	eral Aboveground License Class B ismic License Class E □ Agricul	Fees: \$250 (annu ☐ General Underground Lic ture License Class F		
1.	Name	First	Phone		
2.	Mailing Address Street or PC	Вох	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 magazi	es? If yes, now man	y? 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 advoc government?	ates violent overthrow of, or violent action against the federal, state or local			
11.		der indictment for a crime punishable by a term of imprisonment exceeding two			
12.	Are you addicted to alcohol or drugs?				
13.	Have you ever been judged as mentally incompetent?				
promu		SC Explosives Control Act of 1986 and the Rules and Regulations ubarticle 3, 71-8302 through 71-8302.8. I further certify that the information le.			
		Signature of Applicant			
SWOR	N TO BEFORE ME:				
THIS _	DAY OF, 20				
	Notary Signature				
MY CO	MMISSION EXPIRES				