

Application for License to Purchase, Own, Possess and/or Transport Explosives (Not Valid in New York City)

You must provide personal information to complete this form. The authority to collect this information is found in the New York State Labor Law. This information will be maintained and used to process the application you are filing with the Division of Safety and Health License and Certificate Unit. Failure to provide this information may result in our inability to process your application. Note: By signing this form, you are granting permission to the Commissioner of Labor to provide access to your Unemployment Insurance benefit file.

Applicant's Information

Last name: _____ First name: _____ Middle initial: _____

Social Security number: _____ Date of birth: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Email: _____ County: _____

Home phone number: _____ Cell phone number: _____

New York State Department of Motor Vehicles driver license or Identification number: _____

ATF license number: _____

Eye color: _____ Hair color: _____ Weight: _____ Pounds Height: _____ Feet _____ Inches

Are you self-employed? Yes No If working, are you: an employee a contractor

Will you transport? Yes No

Business Information

Company for whom this application is being filed: _____

What is the nature of the business or organization? _____

What is your title? _____

Business address: _____ County: _____

Federal Employment Identification Number (FEIN): _____ Business phone: _____

New York State Unemployment Insurance Employer Registration number: _____

Purpose for which explosives will be used, check one:

Construction Excavation Demolition Black powder Fireworks/Pyrotechnics

Other Explain: _____

Related Experience

Employer's name (include self-employment): _____

Employer's address: _____

Dates of employment (M/Y): Start:_____ To:_____

Describe your job duties. Attach additional sheet or resume if needed.

Employer's name (include self-employment): _____

Employer's address: _____

Dates of employment (M/Y): Start:_____ To:_____

Describe your job duties. Attach additional sheet or resume if needed.

Training

List training course names and dates:

Questions

Do you currently have a New York State Blaster's Certificate of Competence or Pyrotechnicians Certificate of Competence? Yes No

If yes, certificate number: _____ Expiration date: _____

Are you either disloyal or hostile to the United States? Yes No

Have you ever been convicted of any crime for which a sentence to serve one year or more was imposed? Yes No

Have you ever been confined as a patient or inmate in an institution for the treatment of mental disease? Yes No

If you have answered yes to any of the last 3 questions, attach additional sheets with the details.

Certification of Child Support

Are you under an obligation to pay child support? If yes, complete following items. Yes No

I am making payments in accordance with a plan agreed upon by the parties. Yes No

I am four months or more behind in the payment of child support. Yes No

My child support obligation is the subject of a pending court proceeding. Yes No

I am receiving public assistance or supplemental security income. Yes No

Acknowledgement

- I swear the information on this form is correct to the best of my knowledge.
- I am aware there are penalties for making false statements.
- I approve the Department of Labor (DOL) and the Department of Motor Vehicles (DMV) to produce an identification (ID) card for me using my DMV photo.
 - I understand my DMV photo will be used for all future license and certificate ID cards
 - I understand that DOL will send this card to the address I maintain with DOL

Applicant's Signature (no co-signs or rubber stamps): _____ Date: _____

Do not write in the area below. For office use only

Date received: _____

Control #: _____ Fee: _____

Full license #: _____ Expiration date: _____