



New York State Department of Labor
 Division of Safety and Health
 License & Certification Unit
 State Office Campus
 Building 12 - Room 161A
 Albany, NY 12240
 (518) 457-2735

Labor Department Use Only	
Date Received	_____
Fee	_____
Control Number	_____
Full License Number	_____
Expiration Date	_____

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

1. Social Security Number		2. Last name of applicant		First	Middle initial
3. NYS Drivers License or ID Number		4. ATF License Number		Type	5. Phone (Home) (Cell)
6. Home address		Street	City / Town / Village	State	Zip Code County
7. Date of birth		8. Weight		9. Height	
Month	Day	Year	lbs.	ft.	in
10. Eye color		11. Hair color		12. Are you self employed?	
13. If working, are you:		14. Company for whom this application is being filed		15. What is the nature of the business or organization?	
Yes <input type="checkbox"/> No <input type="checkbox"/>		an employee <input type="checkbox"/> a contractor <input type="checkbox"/>		16. What is your title in the organization or business establishment?	
17. Business address		Street	City / Town / Village	State	Zip Code County
18. FEIN number		19. Business telephone		20. Purpose for which explosives will be used, <u>check one</u> :	
()		()		<input type="checkbox"/> Construction, excavation, demolition <input type="checkbox"/> Black powder <input type="checkbox"/> Fireworks / pyrotechnics <input type="checkbox"/> Other (explain)	
21. NYS Unemployment Insurance Employer Registration number		22. Will you transport?		23. Commercial Drivers License	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		24. Related experience:	
Name and address of employers:		From	<u>Dates</u>	To	Job Duties: (Attach resume or additional sheet if needed)
_____		_____	_____	_____	_____
_____		_____	_____	_____	_____
_____		_____	_____	_____	_____
_____		_____	_____	_____	_____
_____		_____	_____	_____	_____
_____		_____	_____	_____	_____
_____		_____	_____	_____	_____
25. List training course names and dates:					

26. Do you currently possess a New York State Blaster's Certificate of Competence?					
No <input type="checkbox"/>					
Yes <input type="checkbox"/> If yes, Certificate number: _____ Date of expiration: _____					
27. Are you either disloyal or hostile to the United States? No <input type="checkbox"/> Yes <input type="checkbox"/>					
28. Have you ever been convicted of any crime for which a sentence to serve one year or more was imposed? No <input type="checkbox"/> Yes <input type="checkbox"/>					
29. Have you ever been confined as a patient or inmate in an institution for the treatment of mental disease? No <input type="checkbox"/> Yes <input type="checkbox"/>					
30. If your answer to 27, 28 or 29 is yes, attach additional sheet with the details.					

31. Certification (not required for corporations)

Are you under an obligation to pay child support?	If yes, complete items #1 - #4	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1. I am making payments in accordance with a plan agreed to by the parties.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. I am four months or more behind in child support payments.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. There is a pending court proceeding about my child support obligation.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. I am receiving public assistance or supplemental security income.		Yes <input type="checkbox"/>	No <input type="checkbox"/>

All applicants must read and sign below:

I swear or affirm the following is true. I understand I can be punished for perjury if it is false:

- (1) I will follow all the rules and regulations relating to this article and
- (2) All of the statements and information I give in this application are true to the best of my knowledge and belief. I understand that deliberately giving any false or misleading information to the New York State Department of Labor to help advance this application may be a crime and/or cause the agency to revoke this license/certificate.

The Department of Labor (DOL) and the Department of Motor Vehicles (DMV) may make an ID card with my DMV photo on it. I understand that this card is mailed to the address I supply to the DOL. I also understand that DOL and the DMV will use my photo to make all my future ID cards for as long as I am licensed or certified with the DOL.

I understand that by signing this, I am giving the Commissioner of Labor permission to access my Unemployment Insurance (UI) benefit file.

To complete this form, I must provide certain personal information. The authority to collect this information is found in New York State Labor Law. The DOL will keep this information and use it to process the application I am filing with the License and Certificate Unit. If I do not give this information, the DOL may be unable to process this application.

Signature of applicant: _____ Date: _____
No co-signs or rubber stamps