



STATE FIRE MARSHAL DIVISION

107 Jacobsen Way
Carson City, NV 89711
Tel: (775) 684-7530
Fax: (775) 684-7518

CERTIFICATE OF REGISTRATION APPLICATION BLASTERS

****Please use the Tab Key****

☐ New Application - \$66.00 ☐ Renewal Application - \$66.00 ☐ Address Change / Replacement - \$14.00 ☐ Name Change - \$14.00

****Please ensure you are applying for the correct Certificates and updates as there are NO REFUNDS****

Full Legal Name:
Mailing Address:

City:	State:	Zip:	Email:
Telephone:			Social Security Number:

Date of Birth:			Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Height:	Ft.	In.	Weight:	Hair Color: <div style="width: 150px; height: 1.2em; border: 1px solid black; margin-top: 2px;"></div>	Eye Color: <div style="width: 100px; height: 1.2em; border: 1px solid black; margin-top: 2px;"></div>

TYPE OF SERVICE - **Certificate of Registration Fee must be enclosed!!**

Initial Application **Must** Include the Following:

Applicant Profile Picture
Fee
Application
Letter From Company On Company Letterhead
Resume
ATF Clearance / Possessor Letter(s)
Reciprocity May Be Considered With A Copy Of Current
License

Renewal Applications **Must** Include The Following:

Fee
Application

Employment Record ***(List all your employers for the past two years)***

Presently Employed by:			From:	To: <i>Present</i>
Address:			City:	
State:	Zip:	Tel. No.:	Fax:	

Firm:		From:	To:
Address:		City:	State: Zip:

Firm:		From:	To:
Address:		City:	State: Zip:

SECTION BELOW MUST BE COMPLETED BY ALL APPLICANTS OR THIS APPLICATION WILL BE RETURNED:

1. I am at least 21 years of age.
2. The picture I have provided is mine.
3. I understand and give written and oral orders in the English language.
4. I am not addicted to, nor have prior certification of addiction to alcohol, narcotics, or dangerous drugs as specified in the Nevada Revised Statutes, chapters 453, 454, 585 and 639.
5. I have not been convicted of a felony in this or any other state.
6. I have a working knowledge of Federal, State and Local laws and regulations pertaining to the storage, use and handling of explosive materials.
7. I am qualified by reason of training, knowledge and field experience in safe storage, use and handling of explosive materials applicable to the class of permit.

I hereby certify that I am familiar with the Nevada Revised Statutes and the Nevada State Fire Marshal Regulations relating to the type of endorsements on the certificate and that all statements made by me on this application are to best of my knowledge true and correct. I also understand that any false statements or material misrepresentations on this application may be cause for denial, suspension or revocation of a certificate of registration.

Name (Please Print)

Signature

Date

