



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 or Tax ID Number:	

IF YOU HAVE BEEN CONVICTED OF A FELONY YOU CANNOT OBTAIN REGISTRATION IN NEVADA

Date of Birth:	Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Height: Ft. In.	Weight:	Hair Color:
		Eye Color:

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

<p>Initial Application <u>Must</u> Include the Following:</p> <ul style="list-style-type: none"> Fee Application Letter from Company on Company Letterhead Resume ATF Clearance / Possessor Letter(s) Reciprocity May Be Considered <p>Renewal Applications <u>Must</u> Include the Following:</p> <ul style="list-style-type: none"> Fee Application

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

Presently Employed by:	From:	To: Present
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:

I have have not (check one) been convicted of a felony.

1. I am at least 21 years of age.
2. I understand and give written and oral orders in the English language.
3. 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.
4. I have not been convicted of a felony in this or any other state.
5. I have a working knowledge of Federal, State and Local laws and regulations pertaining to the storage, use and handling of explosive materials.
6. 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 authorize the State Fire Marshal Division to conduct a background investigation on me.

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

