



# 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\*\***

<b>Full Legal Name:</b>
<b>Mailing Address:</b>

<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>Email:</b>
<b>Telephone:</b>			<b>Social Security Number:</b>

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

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

**Initial Application Must Include the Following:**

- Fee
- Application
- Letter from Company on Company Letterhead
- Resume
- ATF Clearance / Possessor Letter(s)
- Reciprocity May Be Considered

**Renewal Applications Must Include the Following:**

- Fee
- Application

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

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

<b>Firm:</b>	<b>From:</b>	<b>To:</b>
<b>Address:</b>	<b>City:</b>	<b>State:</b> <b>Zip:</b>

<b>Firm:</b>	<b>From:</b>	<b>To:</b>
<b>Address:</b>	<b>City:</b>	<b>State:</b> <b>Zip:</b>

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

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 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.*

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**Name (Please Print)**

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**Signature**

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**Date**



Nevada Department of  
**Public Safety**  
State Fire Marshal