



State of New Hampshire
DEPARTMENT OF SAFETY
DIVISION OF STATE POLICE



ENDORSEMENT FORM FOR EXPLOSIVE COMPETENCY

NAME OF EXPLOSIVES COMPETENCY APPLICANT: _____

This applicant must be endorsed by two persons who are holders of current approved certificates of competency to conduct blasting operations, with the same or less restrictions as the applicant, and who have knowledge of the applicant's competency to conduct blasting operations. (Reference: Saf-C 1600)

Endorser #1: **Name:** _____

Address: _____

City & State: _____

Certificate No.: _____

SIGNATURE: _____

Endorser #2: **Name:** _____

Address: _____

City & State: _____

Certificate No.: _____

SIGNATURE: _____

The following is to be completed by the endorsers', describing the knowledge of the applicant's competency to conduct blasting operations. **Include the dates and locations where you have observed the applicant's use of explosives.**

Endorser #1:

Endorser #2: