



State of New Hampshire

DEPARTMENT OF SAFETY

DIVISION OF STATE POLICE

Permits & Licensing Unit

33 Hazen Drive

Concord, NH 03305

(603) 223-3873



APPLICATION FOR CERTIFICATE OF COMPETENCY FOR THE USE OF EXPLOSIVES

FOR OFFICIAL USE ONLY BY STATE POLICE

CERTIFICATE NUMBER: _____

DATE OF ISSUE: _____
(Expires four (4) years from date of issue)

CATEGORIES OF CERTIFICATES (check desired box.)

- NO RESTRICTIONS All types of Commercial blasting work.
- RESTRICTED General blasting work but limited to specific areas or duties such as State or Municipal employees doing specific work for the agency by which they are employed. Private non-commercial blasting work.
- AGRICULTURAL Non-commercial agricultural work such as stump removal and farm improvement. Limited to 50 pounds of explosives per detonation.
- SPECIALIZED Restricted to specific materials or use, as outlined on certificate, such as blasting caps or black powder only.

In accordance with the provisions of RSA 158:9-f, Saf-C 1604.04 application is submitted for CERTIFICATE OF COMPETENCY for the use of Explosives within The State of New Hampshire.

(Please print or type)

1. Name: _____ Date of Birth: _____
(Print name of individual)

2. Address: _____
(No. Street) (City or Town) (State) (Zip Code)

3. Present Employer: _____
(if self-employed, so state)

4. Employer's Address: _____

5. Position: _____

6. Do you now hold a license or certificate of competency for use of explosives in any other state? YES NO

If "YES", where? _____ License No.: _____

7. Has a license or certificate of competency for the use of explosives been refused to you upon application at any previous time? YES NO

If "YES", explain fully:

8. Has any previous license or certificate of competency for the use of explosives been revoked or suspended? YES NO

If "YES", explain fully:

9. Do you have a criminal record which has not been annulled? YES NO. If "YES" explain fully:
10. Are you an American Citizen? YES NO Place of Birth: _____
11. How many years have you been engaged in actual blasting? _____
12. For what companies, municipalities, or other organizations have you worked in this capacity?
13. Are you under indictment in any court for a crime punishable by imprisonment for a term exceeding one year? YES NO
If "YES" , explain fully:
14. Are you a fugitive from justice? YES NO If "YES", explain fully:
15. Are you twenty-one years of age or older? YES NO
16. Are you an unlawful user of, or addicted to marijuana or any depressant or stimulant drug or narcotic drug? YES NO
If "YES" explain fully:
17. Have you ever been adjudicated as a mental defective or been committed to any mental institution? YES NO
If "YES" explain fully:
18. Physical Characteristics: Height: _____ Weight: _____ Color Hair: _____ Color Eyes: _____

I certify that I have read the foregoing application and affirm that every statement contained therein is true and correctly set forth and I also certify that I am familiar with all state laws, regulations and local ordinances relating to explosive materials.
(False statements made herein are punishable under N. H. RSA 641:3.)

Signature of applicant: _____ (Social Security Number)

License fee is \$100 due upon successful completion of exam and with each subsequent renewal. Make checks payable to: Treasurer, State of New Hampshire.

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EXAMINATION DATE: _____ LOCATION: _____

Passed Failed Examiner: _____

NOTES: _____