



**RHODE ISLAND DEPARTMENT OF PUBLIC SAFETY**  
**State Fire Marshal**

560 Jefferson Boulevard, Warwick, RI 02886  
Telephone: (401) 889-5555 — Fax: (401) 889-5533

Colonel Ann C. Assumpico  
Director, Department of Public Safety  
Superintendent, Rhode Island State Police

Timothy P. McLaughlin  
State Fire Marshal  
Division of the State Fire Marshal

**Application For Blasting Apprentice License**

**Application Date:** \_\_\_\_\_

**New License**

Place check mark ⇨

**Renewal of License #**

\_\_\_\_\_

\$25.00 fee must be attached

**Applicant**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Home Phone # \_\_\_\_\_ Business Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Email Address \_\_\_\_\_

Sex: Male  Female  Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

**Previous Employer**

Company Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Employer Phone #: \_\_\_\_\_

**Present Employer**

Company Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Employer Phone #: \_\_\_\_\_

Number of years you have been engaged in use of explosives: \_\_\_\_\_

States other than Rhode Island where you hold a license or certificate of competency to use explosives in:

\_\_\_\_\_

Has a license or certificate of competency been refused you upon application at any previous time?

Yes  No

If so, explain fully: \_\_\_\_\_

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Has any previous license or certificate of competency been revoked or suspended at any time in the state of Rhode Island or any other state?

Yes  No  If so, explain fully: \_\_\_\_\_

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Have you ever been involved in any incident(s) of personal injury or property damage as a result of the use of explosives?

Yes  No  If so, explain fully: \_\_\_\_\_

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Have you ever been arrested for anything other than a motor vehicle violation?

Yes  No  If so, explain fully: \_\_\_\_\_

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I HEREBY CERTIFY THAT I HAVE READ THE FOREGOING APPLICATION AND AFFIRM THAT EVERY STATEMENT CONTAINED THEREIN IS TRUE AND CORRECTLY SET FORTH, AND I DO HEREBY ASSERT AND AGREE, AS A CONDITION PRECEDENT TO THE RECEIVING OF SAID LICENSE, THAT THE SAME MAY AT ANY TIME, BE SUMMARILY REVOKED OR SUSPENDED BY THE STATE FIRE MARSHAL OR HIS DEPUTIES FOR ANY INFRACTION OF, OR FAILURE TO COMPLY WITH ALL RULES AND REGULATIONS OF THE STATE OF RHODE ISLAND OR STATE FIRE MARSHAL PERTAINING TO THE KEEPING, STORING, USE AND MANUFACTURE, SALE, HANDLING, TRANSPORTATION OR OTHER DISPOSITION OF EXPLOSIVES.

**A TRUE STATEMENT MADE UNDER THE PENALTIES OF PERJURY**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Two persons, one of whom is the holder of a valid license to conduct explosive operations having knowledge of the applicant's competency to conduct such explosive operations, must endorse this application.

**ENDORSED BY:**

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City/town \_\_\_\_\_ City/town \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

License # \_\_\_\_\_ License # \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

**TO WHOM IT MAY CONCERN:**

\_\_\_\_\_  
(Date)

I, \_\_\_\_\_, am applying for an Apprentice blasting license in  
(Print Name)

the State of Rhode Island. By doing so, I give my permission to the State Fire Marshal, or his agent, to conduct a complete background investigation, including fingerprinting, and examine any and all police records that pertain to me. I also agree to provide to the State Fire Marshal a letter from a certified physician stating that I am emotionally and physically competent to handle and use explosives.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

**SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF**

\_\_\_\_\_, \_\_\_\_\_ **A.D.**

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
(Commission Expires)