



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

James B. Gumbley, CFI
Acting 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: _____

Has any previous license or certificate of competency been revoked or suspended at any time in the state of Rhode Island or any other state?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

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: _____

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

Yes No If so, explain fully: _____

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)