



New York State Department of Labor
 Division of Safety and Health
 License & Certification Unit
 State Office Campus
 Building 12 - Room 161A
 Albany, NY 12240
 (518) 457-2735

Labor Department Use Only

Date Received _____
 Fee _____
 Control Number _____
 Full License Number _____
 Expiration Date _____

**Application for License to Purchase, Own, Possess and/or Transport Explosives
 (Not Valid in New York City)**

1. Social Security Number _____ 2. Last name of applicant First _____ Middle initial _____

3. NYS Drivers License or ID Number _____ 4. ATF License Number Type _____ 5. Phone (Home) (Cell) _____

6. Home address Street _____ City / Town / Village _____ State _____ Zip Code _____ County _____

7. Date of birth Month _____ Day _____ Year _____ 8. Weight lbs. _____ 9. Height ft. _____ in _____ 10. Eye color _____ 11. Hair color _____

12. Are you self employed? Yes No 13. If working, are you: an employee a contractor 14. Company for whom this application is being filed _____

15. What is the nature of the business or organization? _____ 16. What is your title in the organization or business establishment? _____

17. Business address Street _____ City / Town / Village _____ State _____ Zip Code _____ County _____

18. FEIN number _____ 19. Business telephone () _____ 20. Purpose for which explosives will be used, check one:

21. NYS Unemployment Insurance Employer Registration number _____ Construction, excavation, demolition Black powder Fireworks / pyrotechnics Other (explain) _____

22. Will you transport? Yes No 23. Commercial Drivers License _____

24. Related experience:

Name and address of employers:	From	Dates	To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Job Duties: (Attach resume or additional sheet if needed)

25. List training course names and dates:

26. Do you currently possess a New York State Blaster's Certificate of Competence?
 No
 Yes If yes, Certificate number: _____ Date of expiration: _____

27. Are you either disloyal or hostile to the United States? No Yes

28. Have you ever been convicted of any crime for which a sentence to serve one year or more was imposed? No Yes

29. Have you ever been confined as a patient or inmate in an institution for the treatment of mental disease? No Yes

30. If your answer to 27, 28 or 29 is yes, attach additional sheet with the details.

31. Certification (not required for corporations)

Are you under an obligation to pay child support?	If yes, complete items #1 - #4	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1. I am making payments in accordance with a plan agreed to by the parties.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. I am four months or more behind in child support payments.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. There is a pending court proceeding about my child support obligation.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. I am receiving public assistance or supplemental security income.		Yes <input type="checkbox"/>	No <input type="checkbox"/>

All applicants must read and sign below:

I swear or affirm the following is true. I understand I can be punished for perjury if it is false:

- (1) I will follow all the rules and regulations relating to this article and
- (2) All of the statements and information I give in this application are true to the best of my knowledge and belief. I understand that deliberately giving any false or misleading information to the New York State Department of Labor to help advance this application may be a crime and/or cause the agency to revoke this license/certificate.

The Department of Labor (DOL) and the Department of Motor Vehicles (DMV) may make an ID card with my DMV photo on it. I understand that this card is mailed to the address I supply to the DOL. I also understand that DOL and the DMV will use my photo to make all my future ID cards for as long as I am licensed or certified with the DOL.

I understand that by signing this, I am giving the Commissioner of Labor permission to access my Unemployment Insurance (UI) benefit file.

To complete this form, I must provide certain personal information. The authority to collect this information is found in New York State Labor Law. The DOL will keep this information and use it to process the application I am filing with the License and Certificate Unit. If I do not give this information, the DOL may be unable to process this application.

Signature of applicant: _____ Date: _____
No co-signs or rubber stamps