

Document Submission Information

Please give us your name, email and contact number so we may contact you if needed regarding the document you are submitting.

Thank You.

First Name: _____ Last Name: _____

Email Address: _____

Contact Phone Number: _____

APPLICATION FOR BLASTER'S CERTIFICATION

The following questions are to be completed in their entirety using additional sheets if necessary. Please type or print plainly. This information will be used in determining qualifications as per City Ordinance 89-482, and will be considered a matter of confidentiality.

Name: _____
Last Name First Name Middle Initial

Address: _____
Street Name and Number

_____ City State Zip Code

Phone No.: _____ Date of Birth: _____

Social Security No.: _____ Driver's License No.: _____

Are you now or have you ever been institutionalized in a mental institution or hospital, or been under the care of a physician for any mental disorders?

Yes No

If yes, date and explanation: _____

Have you ever been convicted of a crime or any other offense other than traffic citations or do you have any charges currently pending against you in any court of law?

Yes No

If yes, explain: _____

List all educational training you have received in the handling and use of explosives and dates of such training. (Attach copies of any certificates issued for such training.) (Attach additional sheets if necessary.)

Name and Location of School or Institution	Dates of Training		Description of Course	Did you Receive a Diploma, Degree, or Certificate?
	From	To		

List work experience you have had during the past 10 years in the handling and use of explosives:

a.

Name and Address of Employer

Name of Supervisor

Dates of Employment

List duties and responsibilities involving the use of explosives:

b.

Name and Address of Employer

Name of Supervisor

Dates of Employment

List duties and responsibilities involving the use of explosives:

c.

Name and Address of Employer

Name of Supervisor

Dates of Employment

List duties and responsibilities involving the use of explosives:

List explosives, including initiating devices, you have had hands on experience with:

List the names and phone numbers of three individuals who are familiar with your training, experience, and knowledge of explosives:

Upon completion, this application is to be submitted with photo and the required \$200.00 fee to

City of Huntsville
Natural Resources and Environmental
Management Division
P. O. Box 308
Huntsville, AL 35804

I hereby certify that the above is true and complete to the best of my knowledge. I understand that falsification of any information included on the application shall be considered sufficient cause for revocation of the Blaster's Certification.

Signature

Date