

Iowa State Fire Marshal Division
Attn: SFM Licensing Administration
215 East Seventh Street
Des Moines, IA 50319
sfmlicense@dps.state.ia.us



COMMERCIAL EXPLOSIVE BLASTER CRIMINAL HISTORY SCREENING QUESTIONS

APPLICANT NAME:

YOU MUST SUBMIT ONE FINGERPRINT CARD & WAIVER AGREEMENT & PRIVACY ACT STATEMENT WITH THIS FORM.

Current/Past Military Service? (*Attach completed the Military Training, Education, or Service Credit Application if requesting consideration of verified military education, training, or service as credit toward licensure.*) Yes No

Please answer "yes" or "no" to each of the following questions. ***If you answer yes to any of the questions, provide a detailed explanation on a separate sheet of paper, including the name of the jurisdiction and the date(s) of the action(s) taken against you for each.***

Conviction as used in this application includes a conviction of an offense which if committed in this state would be a felony without regard to its designation elsewhere, and includes a finding or verdict of guilt made or returned in a criminal proceeding even if the adjudication of guilt is withheld or not entered.

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1. Are you under indictment of information in any court for a crime punishable by imprisonment for a term exceeding one year? Yes No
 2. Are you a fugitive from justice? Yes No
 3. Are you under 21 years of age? Yes No
 4. Are you an unlawful user of, or addicted to, marijuana or any depressant or stimulant drug or narcotic drug?
Yes No
 5. Have you ever been convicted of a felony? Yes No
 6. Have you ever been adjudicated as mentally incompetent or been committed to any mental institution?
Yes No
 7. Do you currently hold a blaster license in another state? Yes No
If yes, list the state(s) and license number(s):
 8. Have you ever been denied a blaster license in another state? Yes No
If yes, list the state(s) and why you were denied:
 9. Do you understand that if employment with your current employer is ended, you are required to notify us?
Yes No
You may not use your blaster license during any period in which you are not employed by a contractor licensed to do business as a commercial explosive contractor operation in Iowa.
 10. Do you understand your blaster license entitles you to work for only one company as a blaster?
Yes No

SIGNATURE ACKNOWLEDGEMENT:

I hereby acknowledge I am familiar with the applicable Iowa statutes and administrative rules and all statements made by me on this application are, to the best of my knowledge, true and correct. I understand any false statements or material misrepresentations on this application may be cause for denial, suspension, or revocation of this license. I further understand the State Fire Marshal may deny, suspend, or revoke this license, or assess a civil penalty if any applicable provision of these rules or law is violated.

Signature:

Date:

Print Name:

Position/Title:

RETURN ALL FORMS TO THE ADDRESS ABOVE