



COMMERCIAL EXPLOSIVE CONTRACTOR LICENSE APPLICATION

This form is to be used to apply for licensure as a Commercial Explosive Contractor in the State of Iowa. Iowa Code Section 101A and Iowa Administrative Rules 661 Chapter 235 govern this licensing program. Questions may be directed to the contact information above.

CERTIFICATION FEE STRUCTURE: Fees may be paid online by credit card or ACH, or by check, payable to *Iowa State Fire Marshal Division or Treasurer, State of Iowa*.

- \$60 certification fee (*Jan=\$60; Feb=\$58.33; Mar=\$56.66; Apr=\$54.99; May=\$53.32; Jun=\$51.65; Jul=\$49.98; Aug=\$48.31; Sep=\$46.64; Oct=\$44.97; Nov=\$43.30; Dec=\$41.63*)
- \$35 background fee

CONTRACTOR INFORMATION:	<i>New License</i>	<i>Renew License</i>	<i>Amend License</i>
Business Name:	ATF License Number:		
Mailing Address:			
City:	State:	Postal Code:	
Contact Phone Number:	Contact Email:		
<ul style="list-style-type: none"> • The applicant business is individually owned a partnership a corporation other (specify) • The applicant business is located in a commercial building a residence other (specify) • Is the applicant presently engaged in a business for which a license is required under 18 USC Chapter 40 Explosives? Yes No • The applicant intends to manufacture, import, or deal in (check all that apply): high explosives low explosives blasting agents other (list specific explosive types below) 			
<ul style="list-style-type: none"> • Is any business other than that for which this license application is being made conducted on the business premises? Yes No 			

STORAGE FACILITY INFORMATION: attach additional page(s) if necessary (skip if no explosive materials will be stored in Iowa)
It shall be unlawful for any person to store any explosive material in a manner not in conformity with regulations promulgated by the State Fire Marshal. Before applying for a license, the applicant business must read and be familiar with the requirements as set forth. An applicant for a license will be denied if upon an investigation it is found that storage facilities are inadequate.

Total Number of Storage Facilities: Number of Permanent Type Facilities: Number of Portable Type Facilities:
 All of the storage facilities listed below meet the minimum requirements as set forth in NFPA 495, 2001 Edition Yes No
If no, explain in Remarks column below as applicable.

Facility Address Location	Type of Magazine	Remarks (if any)

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



RESPONSIBLE PERSON or EMPLOYEE POSSESSOR CRIMINAL HISTORY SCREENING QUESTIONS

RESPONSIBLE PERSON OR EMPLOYEE POSSESSOR 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.

-
- Are you under indictment of information in any court for a crime punishable by imprisonment for a term exceeding one year?
Yes No
 - Are you a fugitive from justice?
Yes No
 - Are you under 21 years of age?
Yes No
 - Are you an unlawful user of, or addicted to, marijuana or any depressant or stimulant drug or narcotic drug?
Yes No
 - Have you ever been convicted in any court of a crime punishable by imprisonment for a term exceeding one year?
Yes No
 - Have you ever been adjudicated as mentally incompetent or been committed to any mental institution?
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



Waiver Agreement and Privacy Act Statement

For fingerprint-based National Criminal History Record Checks for Noncriminal Justice Purposes
as authorized by state and/or federal statute

Pursuant to the Iowa User Agreement, this form must be acknowledged, completed and signed by every current or prospective licensee, employee, volunteer, and contractor/vendor, for whom fingerprint-based national criminal history records are requested by a Qualified Entity (QE) under state legislation or federal statute.

The person within the QE who is initiating the process and submitting fingerprints for noncriminal justice purposes must acknowledge and implement the privacy requirements of the QE, and complete and sign the QE portion of this form. The QE must also provide a copy of the executed Waiver Agreement and Privacy Act Statement to the applicant prior to submitting the applicant's fingerprints.

I hereby authorize (**Name of QE**) State Fire Marshal Division
to submit a set of my fingerprints to the Iowa Department of Public Safety (DPS), Division of Criminal Investigation (DCI) for the purpose of accessing and reviewing Iowa and FBI national criminal history records that may pertain to me.

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

- You must be provided written notification that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

RIGHT TO OBTAIN AND CHALLENGE ACCURACY OF CRIMINAL HISTORY RECORDS

The DCI does not allow agencies to provide a physical copy of the criminal history record received on an individual. However, the QE may show and/or discuss the information with you, the applicant, only. You may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/services/cjis/identity-history-summary-checks>

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)



Waiver Agreement and Privacy Act Statement (Cont.)

FBI PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

National Child Protection Act as amended by the Volunteers for Children Act (NCPA/VCA)

This section applies to QEs and applicants whose fingerprints are submitted under the authorization of the NCPA/VCA.

The QE is authorized under 34 USC 40102(a) to request a national criminal history record check for the purpose of determining whether you have been convicted of a crime that bears your fitness to have responsibility for the safety and well-being of children, the elderly, or individuals with disabilities.

Until the criminal history record check is complete, the QE may choose to deny you unsupervised access to children, elderly or individuals with disabilities or the QE may choose to deny your application or grant a limited or restricted license.

The noncriminal justice applicant's privacy rights apply to all applicant's whose fingerprints are submitted to request National Criminal History Record Checks for Noncriminal Justice Purposes, including under the NCPA/VCA authorization.

ACKNOWLEDGEMENT AND STATEMENT

I am a current or prospective (check one): Licensee Employee Volunteer Contractor/Vendor

Please complete the following information as it appears on a valid identification document:

Printed Name

Date of Birth

Residential Address

City

State

Zip Code



Waiver Agreement and Privacy Act Statement (Cont.)

(Please initial next to each statement to acknowledge)

_____ I understand that my fingerprints will be used to check the criminal history records of the FBI.

_____ I have been provided a copy of the Privacy Act Statement.

_____ I understand that I am entitled to challenge the accuracy and completeness of any information contained in the criminal history report, if any, received on me.

_____ I understand that the procedures for obtaining a change, correction, or update of my criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.

_____ I further understand that I will be afforded a reasonable amount of time to correct or complete the record, or decline to do so, before a final decision is made about my status as an employee, volunteer, contractor or subcontractor, or my eligibility for any pertinent license, certification or registration, adoption, or other benefit.

_____ I understand that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

I **have** been convicted of a crime

I **have not** been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below. Use additional paper as needed:

By signing this Waiver Agreement, it is my intent to authorize the release and dissemination of any Iowa and/or national criminal history record that may pertain to me to the above-referenced QE with which I am employed, seeking employment with, seeking to serve as a volunteer for, or am seeking licensure from. I am also acknowledging that the above named QE has notified me of and that I understand my privacy rights as a noncriminal justice applicant. Furthermore, I authorize the QE to forward this agreement to DCI upon request.

Signature

Date

TO BE COMPLETED BY THE QUALIFIED ENTITY:

QE Name: State Fire Marshal Division

OCA: SFM

Address: 215 E 7th St, Des Moines, IA 50319

Phone: 515-725-6145

By signing this Agreement, I am acknowledging that, as the facilitator of this Agreement for the QE, I have provided the applicant their rights and will carry out any agency requirements once the FBI results are received, if applicable. I have also provided the Privacy Act Statement and a copy of this executed agreement to the applicant prior to submitting the applicant's fingerprints to the DCI to be forwarded to the FBI.

QE Signature: *Jeanie G. [Signature]*

Date: 03/19/2021

The QE **must provide a copy of this Waiver Agreement to the applicant** and **maintain the original at the QE** within the guidelines set forth in the Iowa User Agreement; **Do not send to DCI** unless requested.