

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



COMMERCIAL EXPLOSIVE BLASTER LICENSE APPLICATION

This form is to be used to apply for licensure as a Commercial Explosive Blaster 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

CRIMINAL HISTORY BACKGROUND CHECK: Applicant must submit the completed Commercial Explosive Blaster Criminal History Screening Question form, completed fingerprint card, and signed Waiver Agreement & Privacy Act Statement for the criminal history background check with this application.

APPLICANT INFORMATION:

New License

Renew License

Amend License

Full Legal Name:

Applicant Email:

Mailing Address:

City:

State:

Postal Code:

Phone Number:

cell work home

Position with Company:

LICENSED CONTRACTOR INFORMATION:

Contractor Name:

Employer Iowa Commercial Explosive License #:

Mailing Address:

Employer Phone Number:

City:

State:

Postal Code:

QUALIFYING TRAINING OR EXPERIENCE DOCUMENTATION: (select one and attached supporting documents)

Notarized affidavit signed by employer validating a minimum of 640 hours of on the job experience.

Proof of training provided by employer or reputable third party showing knowledge of storage, handling, and use of explosives.

Current and valid blaster license(s) from another state comparable to Iowa requirements.

Proof of continuing education completion for renewal applications.

SIGNATURE ACKNOWLEDGEMENT:

I hereby certify that I am familiar with the applicable Iowa statutes and administrative rules in regards to the licensing program and that all statements made by me on this application are to the best of my knowledge true and correct. I understand that any false statements or material misrepresentations on this application may be cause for denial, suspension, or revocation of this license. I further understand that 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: