



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: Licensing Administration
215 East Seventh Street
Des Moines, IA 50319
sfmlicense@dps.state.ia.us



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CRIMINAL HISTORY BACKGROUND CHECK: Each individual owner, partner, other responsible person in the applicant business as well as any staff directly dealing with explosives (employee possessor) must be listed on the application. *(The term responsible person means any person possessing directly or indirectly the power to direct or cause the direction of the management, policies, and buying and selling practices of the business insofar as such management, policies, and buying and selling practices pertain to explosive materials. The term "any staff directly dealing with explosives" means any employee that has direct contact with or is in close proximity with any explosive materials. This includes staff that receive, transport, load or assist with the loading of explosives.)*

RESPONSIBLE PERSONS or EMPLOYEE POSSESSORS:
*You must attach the Responsible Person (RP) or Employee Possessor (EP) Criminal History Screening Question form, Waiver Agreement & Privacy Act Statement, and one fingerprint card for each responsible person and employee possessor employed with your company who **will not** be licensed as a commercial explosive blaster.*

Will there be any responsible persons or employee possessors included with this license? Yes No
If yes, how many will be included with this license (excluding blasters)?

Is the corporation under indictment of information for a crime punishable by imprisonment for a term exceeding one year?
Yes No

Has the corporation ever been convicted in any court of a crime punishable by imprisonment for a term exceeding one year?
Yes No

SIGNATURE ACKNOWLEDGEMENT:

This signature must be executed by the owner, partner, or in the case of a corporation association, etc. by an officer duly authorized to sign for the applicant business.

I declare that I have examined this application, and documents submitted in support thereof, and to the best of my knowledge and belief, they are true, correct, and complete. I also certify that I am familiar with all published State laws and local ordinances relating to explosive materials for the location(s) in which I intend to do business. 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: _____