



Division of the State Fire Marshal
118 Parade Street
Providence, RI 02909
Phone: 401-462--4200 Fax: 401-462-4250

APPLICATION FOR APPRENTICE BLASTING PERMIT

REQUIREMENTS FOR APPRENTICE PERMIT:

The applicant must present this application to the Division of the State Fire Marshal along with the following requirements: (1) A letter from a physician stating that you are physically and mentally competent to use explosives. (2) By signing this application, you hereby give the Division of the State Fire Marshal permission to conduct a thorough background investigation. (3) A non-refundable \$25.00 fee, check only, made out to the Rhode Island State Fire Marshal, must accompany this application. (4) Upon receipt of this application, fee, and physician's letter, you will be notified to report to the Fire Marshal's office in person to be fingerprinted and the apprentice permit will be issued to you. You will be eligible for a blasting license examination after working with a Rhode Island licensed blaster for a minimum period of 18 months.

Name: _____ Date of Birth: _____
(Print name in full)

Address: _____

Length of time at present address: _____ Home Telephone: _____

Social Security #: _____ height: _____ weight: _____ hair: _____ eyes: _____

Present Employer: _____ Business telephone: _____

Address of employer: _____ Position: _____

Time with this employer: _____ years, _____ months.

Have you ever been arrested for anything other than a motor vehicle violation? _____? If so, explain fully: _____

I HEREBY CERTIFY THAT THE CONTENTS OF THIS FOREGOING APPLICATION ARE TRUE AND CORRECT AND I ALSO DO HEREBY ASSERT AND AGREE, AS CONDITION PRECEDENT TO THE RECEIVING THE SAID APPRENTICE PERMIT, THAT THE SAME MAY AT ANY TIME, BE SUMMARILY REVOKED OR SUSPENDED BY THE STATE FIRE MARSHAL OR ONE OF HIS DEPUTIES FOR ANY INFRACTION OF, OR FAILURE TO COMPLY WITH ALL RULES AND REGULATIONS OF THE STATE OF RHODE ISLAND OR STATE FIRE MARSHAL PERTAINING TO THE KEEPING, STORING, USE, MANUFACTURE, SALE, HANDLING, TRANSPORTATION OR OTHER DISPOSITION OF EXPLOSIVES.

A TRUE STATEMENT MADE UNDER THE PENALTIES OF PERJURY

(Signature)

(Date)

Persons listed below (only one necessary) verify that they hold current certificates of competency in the State of Rhode Island to conduct blasting, and that they will oversee your apprenticeship and that you will abide by all applicable state and federal laws pertaining to explosives.

Name _____ Name _____

Address _____ Address _____

City/town _____ City/town _____

State _____ State _____

License # _____ License # _____

Signature _____ Signature _____

OFFICE USE ONLY

Examined _____

Qualified _____

Restrictions _____

Examiner _____ Date _____

Revised: 4/04