

OFFICE OF THE STATE FIRE MARSHAL
800 SW JACKSON, STE 104, TOPEKA, KS 66612
(785) 296-3401; FAX (785) 368-6559

EXPLOSIVE HANDLER PERMIT INSTRUCTIONS

Pursuant to K.A.R. 22-4-5, before an individual, other than the holder of a blaster permit, handles any explosive materials in the state, that individual shall obtain a handler permit.

All fields should be filled out. Any information left blank could result in delay in processing your application.

1. LEGAL NAME:	<i>This should be your full legal name. No nicknames or abbreviations.</i>
2. ADDRESS:	<i>Physical & Mailing address</i>
3. EMPLOYER INFORMATION	<i>Current Employer. If you have changed employers, attach original permit and wallet card with application.</i>
4. EXPIRED PERMIT #	<i>Current Permit number</i>
5. CONTACT INFORMATION	<i>Provide at least one contact number. If you wish to be notified when your permit expires, please provide an email address.</i>
6. PERSONAL INFORMATION	<i>All information is necessary to complete background.</i>
7. TRAINING	<i>All applicants must indicate who trained them. Application will be denied if no training is provided.</i>
8. CLASS OF PERMIT DESIRED	<i>Please indicate the class of permit desired.</i>
9. EXPERIENCE IN THE USE OF EXPLOSIVES (TYPE OF WORK PERFORMED, YEARS)	<i>Provide experience, type of work performed, years, etc.</i>
10. CITE 3 EXAMPLES OF YOUR USE OF EXPLOSIVES (HOW EXPLOSIVE WAS USED)	<i>Provide examples of how explosives were used.</i>
11. DURING THE TERM OF THE PERMIT APPLIED FOR THE APPLICANT INTENDS TO USE	<i>Indicate type of explosives you intend to use.</i>
12. BACKGROUND INFORMATION	<i>Give full details on separate sheet for all "Yes" answers</i>
13. APPLICANT SIGNATURE	<i>Applicant needs to sign this spot. Application will be returned if left blank.</i>

Checklist

Have you completed and submitted the following?

- Handler Application
 Attach training documentation to application

Failure to fill out all necessary forms will cause a delay in processing your application.

