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

Checklist

Have you completed and submitted the following?
Handler ApplicationAttach training documentation to application

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

OFFICE OF THE STATE FIRE MARSHAL ☐ New Application ☐ Renewal Application **EXPLOSIVE HANDLER PERMIT** 4. EXPIRED PERMIT # COMPLETE IN FULL - PRINT CLEARLY 1. LEGAL NAME: 5. CONTACT INFORMATION: Phone: () Last Middle 2. PHYSICAL & MAILING ADDRESS: Email: 6. Personal Information Date of Birth (MM/DD/YY): ____/___ Driver's License ___ Current Age (in years) County ZIP City State 3. EMPLOYER INFORMATION I have changed employers Gender: Male Female Height:_____ Weight:____ **OSFM Permit Number** Name Are you a U.S. Citizen? □ No □ Yes Have you been convicted of a felony? ☐ No ☐ Yes Address City State ZIP 8. CLASS OF PERMIT DESIRED 7. Training Have you been instructed in the use of explosives? ☐ No ☐ Yes □ A. Commercial By? Name: _ □ B. Public Safety *Attach training documentation to application. 9. Experience in the Use of Explosives 10. Cite 3 examples of your use of explosives 11. During the term of the Permit applied for the Applicant intends to use (See instructions for definitions of classes of explosives) Place X in the appropriate blocks $\ \square$ High Explosives $\ \square$ Blasting Agents $\ \square$ Low Explosives YES 12. BACKGROUND INFORMATION (Give full details on separate sheet for all "Yes" answers) A. Charged by information or under indictment in any court for a crime punishable by imprisonment for a term Is Applicant: exceeding 1 year B. A fugitive from justice C. Under 18 years of age D. An unlawful user of or addicted to marijuana or any depressant, stimulant, or narcotic drug A. Been convicted in any court of a crime punishable by imprisonment for a term exceeding 1 year Has Applicant B. Been adjudicated as a mental defective or been committed to any mental institution CERTIFICATION: Under the penalties of perjury, 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 in which I intend to blast. I also acknowledge that I must show proof of completion an approved explosive safety course before obtaining a permit. DATE 13. APPLICANT SIGNATURE

FOR OSFM USE ONLY					
Permit #	REQ 🗆	III 🗆	√ок		

RETURN COMPLETED APPLICATION AND TRAINING DOCUMENTATION TO THE OFFICE OF THE STATE FIRE MARSHAL, ATTN: Investigation Division, 800 SW Jackson Street, Suite 104, Topeka, Kansas 66612. FAX Number (785) 368-6559