

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

**EXPLOSIVE BLASTER PERMIT INSTRUCTIONS**

**Pursuant to NFPA 495, before a person supervises and performs the unloading and firing of explosive materials, that person shall obtain the appropriate permit to blast explosives.**

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

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|--|---|
| 1. LEGAL NAME:   | <i>This should be your full legal name. No nicknames or abbreviations.</i>  |
| 2. ADDRESS:  | <i>Physical &amp; 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. If desiring a special class such as public safety, manufacturer, law enforcement, etc, indicate under "Special"</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?

- Blaster Application  
 Attach training documentation to application

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

