SPRINGFIELD FIRE DEPARTMENT

BLASTING APPLICATION

Missouri Blasting Law defines "person using explosives" as any individual, proprietorship, partnership, firm, corporation, company, or joint venture that is required to hold authority to receive or use explosives under statutes or regulations administered by the ATF and who employs licensed blasters. All employees handling explosives should be listed below and an original ATF Notice of Clearance must be provided.

*****This entire Blasting Application must be completed and submitted with the required documentation.*****

Incomplete applications will be rejected.

*****Only copies of ATF license/permit & ATF Notice of Clearance with original signatures will be accepted.*****

ATF License: _____ Springfield Business License:#: _____
Name of Business/Applicant: _____
Owner of Business: _____
Address of Business/Current Mailing Address: _____
City:_____ State:_____ Zip:_____ County:_____
Phone Number(s):_____ Cell #_____ Fax Number: _____
Email Address: _____

Certified Blaster Having Responsibility for Supervision of the Use of Explosives
Name: _____
Address: _____
City:_____ State:_____ Zip:_____ County:_____
Phone Number(s):_____ Cell #_____ Fax Number: _____

Reason for permit: **Check one ☐Storage ☐Use ☐Both Storage & Use**
Blasting Location: _____
Type of Explosive: _____
Storage Method:_____ Storage Location _____
Will Explosives be stored on site? *Check one* ☐*YES* ☐*NO* Start Date _____ End Date_____

NAME OF All INDIVIDUALS HANDLING EXPLOSIVES	**ORIGINAL NOTICE OF CLEARANCE RECEIVED	**REQUIRED ** LICENSES & DOCUMENTS
	Check one ☐*YES* ☐*NO*	*ORIG. SIGNATURE ON COPY OF ATF LICENSE*
	Check one ☐*YES* ☐*NO*	*MO EXP USER REG CERT*
	Check one ☐*YES* ☐*NO*	*BUSINESS LICENSE*
	Check one ☐*YES* ☐*NO*	*COPY OF BUSINESS INSURANCE*
	Check one ☐*YES* ☐*NO*	*ATF TRANSPORT LICENSE – IF APPLICABLE*
	Check one ☐*YES* ☐*NO*	*COPY OF STATE BLASTER LICENSE*
	Check one ☐*YES* ☐*NO*	*COPY OF ALL BLASTERS DRIVERS LICENSE*
	Check one ☐*YES* ☐*NO*	
	Check one ☐*YES* ☐*NO*	
	Check one ☐*YES* ☐*NO*	

I CERTIFY THAT I AM FAMILIAR WITH THE REGULATIONS OF CHAPTER 319 RSMo & IFC CHAPTER 33 AS IT PERTAINS TO THE BLASTING INDUSTRY IN THE STATE OF MISSOURI.

_____ _____ _____
Signature **Print Name** **Date**

Office Use Only
Permit Number:_____ Expires:_____ Approved by (FM):_____
FAX COPY TO: FIRE STATION (S)_____ ☐DISPATCH @ 864-1824 ☐STATE @ 573-751-1744

*****ATTACH ALL REQUIRED DOUCMENTS TO THIS APPLICATION W/ WHITE COPY OF PERMIT*****

8/26/09

Springfield Fire Department
830 Boonville Avenue, P.O. Box 8368 Springfield, Missouri 65801-8568
phone: (417) 864-1500 fax: (417) 864-1505