

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: Circle one **Storage** **Use** **Both Storage & Use**

Blasting Location: _____

Type of Explosive: _____

Storage Method: _____ **Storage Location** _____

Will Explosives be stored on site? Circle one **YES** **NO** **Start Date** _____ **End Date** _____

| NAME OF ALL INDIVIDUAL HANDLING EXPLOSIVES | **ORIGINAL NOTICE OF CLEARANCE RECEIVED | **REQUIRED** LICENSES & DOCUMENTS |
|--|---|--|
| | Circle one YES NO | ORIG. SIGNATURE ON COPY OF ATF LICENSE |
| | Circle one YES NO | MO EXP USER REG CERT |
| | Circle one YES NO | BUSINESS LICENSE |
| | Circle one YES NO | COPY OF BUSINESS INSURANCE |
| | Circle one YES NO | ATF TRANSPORT LICENSE – IF APPLICABLE |
| | Circle one YES NO | COPY OF STATE BLASTER LICENSE |
| | Circle one YES NO | COPY OF ALL BLASTERS DRIVERS LICENSE |
| | Circle one YES NO | |
| | Circle one YES NO | |
| | Circle 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 @ 829-6100** **STATE @ 573-526-4600**

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

Springfield Fire Department