



The Commonwealth of Massachusetts  
 Executive Office of Public Safety and Security  
 Department of Fire Services



FP-058  
 REVENUE CODE 0613

P.O. Box 1025 ~ State Road  
 Stow, Massachusetts 01775  
 (978) 567~3100 Fax: (978) 567~3199

APPLICATION FOR EXPLOSIVES CERTIFICATE OF COMPETENCY

NEW \_\_\_ Exam Location: Stow or Springfield Exam Date: \_\_\_ / \_\_\_ / \_\_\_ @ 10:00 a.m.

RENEWAL BL # \_\_\_\_\_

I. APPLICATION INSTRUCTIONS

- Check here if you are applying for an Explosives Certificate of Competency limited to Research & Development and attach a copy of your current resume.

Instructions for all applicants:

- Type or print in all items on this form and sign the form where indicated.
- Include with this application one (1) passport style color photographs measuring 2" by 2"; MA residents do not have to send photographs if they permit DFS use of their RMV photograph (see certification page).
- Include a legible copy of your current driver's license.
- Complete the CORI Request form; it must be notarized

Instructions for a NEW BL Certificate of Competency:

- Include a check or money order for \$60.00 made payable to the Commonwealth of Massachusetts. There is a returned check charge of \$15.00 assessed under the provisions of 801 CMR 4.08.
- All applications should be submitted to the Division of Fire Safety in accordance with the posted exam schedule.
- Provide evidence of having satisfactorily completed a recognized safety course during the past 12 months.
- Provide at least two letters of reference/endorsement from other certificate holders within the state.

Instructions to RENEW a BL Certificate of Competency:

- Include a check or money order for \$40.00 made payable to the Commonwealth of Massachusetts. There is a returned check charge of \$15.00 assessed under the provisions of 801 CMR 4.08.
- All applications should be submitted to the Division of Fire Safety at least 30 days prior to expiration date.

The holder of any approval, license certificate, license or permit issued by the Marshal under 527 CMR 1.00, shall provide the Marshal with an accurate address and mailing at the time of application and shall report any changes of such address to the Marshal within fourteen (14) days of the date of such change. 527 CMR 1.00 Section 1.13.1.1(4).

II. APPLICATION INFORMATION

Name of Applicant: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Middle Month Day Year

Address \_\_\_\_\_  
Residential street address P.O. Box not acceptable City/Town, State, Zip

Mailing Address (if different): \_\_\_\_\_

Email Address: \_\_\_\_\_

(All renewal notices will be electronically, not by regular mail, effective immediately.)

Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Are you a U.S. Citizen: { } YES { } NO (If you answered NO, then you must attach copies of your federal documents showing your INS-issued alien number or admission number and social security card.)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_ Sex: \_\_\_\_\_

Present Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name

Employer Address: \_\_\_\_\_  
Address City/Town State Zip

Position held \_\_\_\_\_

How long employed at this position: \_\_\_\_\_

How many continuous years have you been associated with the explosives industry? \_\_\_\_\_

Have you ever held a explosives Certificate of Competency or similar license issued by another jurisdiction: { } YES { } NO

If so, where: \_\_\_\_\_  
Title of Document License# State Agency

### III. GENERAL INFORMATION

**All questions in this section must be answered**

Are you a fugitive from justice? { } YES { } NO

Are you an unlawful user of, or addicted to, marijuana or any depressant, stimulant, or narcotic drug or any other controlled substance? { } YES { } NO

Have you ever been convicted in any court of a felony, or any other crime, for which the judge could have imprisoned you for more than one year, even if you received a shorter sentence, including probation? { } YES { } NO

Are you under indictment in any court for a felony, or any crime, for which the judge could imprison you for more than year? { } YES { } NO

Have you ever been adjudicated mentally defective (which includes having been adjudicated incompetent to manage your own affairs) or have you ever been admitted to a mental institution? { } YES { } NO

Have you ever been discharged from the Armed Forces under dishonorable conditions? { } YES { } NO

Have you ever renounced your United States citizenship? { } YES { } NO

Have you ever had a license, certificate, permit or right to use explosives suspended or revoked in any state or federal jurisdiction? { } YES { } NO

Are you currently taking any medication, which may impair your ability to safely conduct a licensed activity? { } YES { } NO

Have you ever been involved in any incident(s) resulting from the use of explosives, which resulted in personal injury or property damage in any state? { } YES { } NO

Have you ever had a domestic abuse restraining order issued against you? { } YES { } NO

**Any question answered "Yes" must be explained on an attached sheet of paper**

#### IV. APPLICANT CERTIFICATION

- A. I attest that I have reviewed and am familiar with all Commonwealth of Massachusetts Explosive Laws and Regulations, and all federal laws and regulations relative to the transportation, possession and use of explosive materials, including but not limited to 18 U.S.C. 40, and 27 C.F.R. 555, as amended. I hereby consent to the release of all personal records containing data relative to this application, maintained by any individual or agency. I certify that I am authorized to execute this application.
- B. Pursuant to Massachusetts General Laws, Chapter 62C, Section 49A, I certify under the penalties of perjury that to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required under law and otherwise complied with all other provisions of said statute.
- C. I understand that in accordance with Massachusetts General Law Chapter 148 Section 20B, I must immediately surrender this certificate if a domestic abuse restraining order is issued against me.
- D. My signature below authorizes the Department of Fire Services to electronically access my photograph from the Massachusetts Registry of Motor Vehicles database.  
This option is available to Massachusetts residents only.
- E. **I declare under the penalty of perjury that the statements and information provided herein are true as of the date of this application. I am aware that there are significant penalties for submitting false information, including possible fines, civil penalties and imprisonment.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**V. (1) REFERENCE/ENDORSEMENT FOR NEW APPLICATIONS ONLY**

I \_\_\_\_\_, hereby attest that I hold a valid Explosives Certificate of Competency in Massachusetts (BL # \_\_\_\_\_). I am legally licensed to conduct blasting in Massachusetts. I have continuously held an Explosives Certificate of Competency for the past five (5) years during which time the applicant named in Section II worked under my direction for a minimum of two (2) years. I endorse the applicant named in Section II as an individual who has demonstrated he/she is competent to conduct and supervise blasting operations in Massachusetts. I have personally observed said applicant perform as an apprentice to a Massachusetts licensed blaster.

**I declare under the penalty of perjury that to the best of my knowledge and belief, the statements made and information given herein are true as of the date of this application. I am aware that there are significant penalties for submitting false information including possible fines, civil penalties and imprisonment.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**VI. (2) REFERENCE/ENDORSEMENT FOR NEW APPLICATIONS ONLY**

I \_\_\_\_\_, hereby attest that I hold a valid Explosives Certificate of Competency in Massachusetts (BL # \_\_\_\_\_). I am legally licensed to conduct blasting in Massachusetts. I have continuously held an Explosives Certificate of Competency for the past five (5) years during which time the applicant named in Section II worked under my direction for a minimum of two (2) years. I endorse the applicant named in Section II as an individual who has demonstrated he/she is competent to conduct and supervise blasting operations in Massachusetts. I have personally observed said applicant perform as an apprentice to a Massachusetts licensed blaster.

**I declare under the penalty of perjury that to the best of my knowledge and belief, the statements made and information given herein are true as of the date of this application. I am aware that there are significant penalties for submitting false information including possible fines, civil penalties and imprisonment.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CORI REQUEST FORM**

(this form must be notarized)

The Department of Fire Services, Division of Fire Safety (Agency # 820), has been certified by the Criminal History Systems Board for access to general use/CJIS records. Applicant/Employee Information (please print).

_____		_____
Last Name	First Name	Middle Name
_____		_____
Maiden Name or Alias (if applicable)		Place of Birth
_____	_____	_____
Date of Birth	Social Security Number (requested but not required)	Mother's Maiden Name (first and last)

Former Residential Addresses:

\_\_\_\_\_  
\_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_

\_\_\_\_\_

Drivers License: State \_\_\_\_\_ Number: \_\_\_\_\_

\_\_\_\_\_

Applicant Signature: \_\_\_\_\_

**Statement of Notary Public:**

The above information was verified by reviewing the following form of government issued photographic identification: \_\_\_\_\_

\_\_\_\_\_ ss: \_\_\_\_\_ Date: \_\_\_\_\_

Before me, then personally appeared the above named Affiant, \_\_\_\_\_ who acknowledged, by his signature, the foregoing Affidavit and Endorsement to be true and to be the Affiant's free act and deed.

(seal)

Notary Signature: \_\_\_\_\_

Notary Name (printed): \_\_\_\_\_

Commission Expiration Date: \_\_\_\_\_

Requested By: \_\_\_\_\_

Signature of CORI Authorized Employee  
(MA State Police-Assigned)