



**STATE OF VERMONT  
EXPLOSIVE LICENSE APPLICATION**

**Please print in ink or type.**

**Office Use Only**

License #

Issue Date

Exp. Date

Name - Last		First		Middle
Address - Home	Street	City/Town	State	Zip
Business	Name	City/Town	State	Zip

Date of Birth						Place Photo ID Here					
Place of Birth											
Citizenship											
SS # or Federal ID #											
Home Telephone #											
Business Telephone #											
Sex	Race	Hgt	Wgt.	Eyes	Hair						

List residence address(es) within the past five years: (Use additional pages if necessary.)


List occupations and employers within past five years: (Use additional pages if necessary.)


Describe in detail any experience or training you have relative to explosives: (Use additional pages if necessary.)


Have you ever been issued a citation in court for a motor vehicle or criminal violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been arrested for any misdemeanor or felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a criminal record in the State of Vermont or any other state or Canadian province?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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List all citations and arrests with the exception of traffic and parking tickets. (Use additional pages if necessary.)

Do you hold a current explosives license from any other state/territory? ☐ Yes ☐ No - If yes, list the state or territory and send a photocopy of the license(s).

Describe the purpose for which explosives will be used:

**TYPE OF LICENSE APPLIED FOR:**

- |   |   |
|---|---|
| <input type="checkbox"/> Type A License | The Type A License is for the <b>individual</b> actually doing the blasting. The blaster may possess, purchase, sell, store, transfer or transport with this license.   |
| <input type="checkbox"/> Type B License | The Type B License is for any <b>individual or company</b> who may be in possession of an explosive for some purpose other than the actual blasting. Explosives in the possession of an employee who is acting within the scope of his or her duties shall be considered to be in the possession of the employer. |

**RETURN WITH YOUR APPLICATION:**

- Photograph of yourself taken within one year of this application.
- Enclose payment of license fee. Make check or money order payable to the Department of Public Safety.  
**Resident - \$50.00 (one year) \$75.00 (three year renewal)**  
**Non-Resident - \$100.00 (one year) \$150 (three year renewal)**
- Enclose a letter of recommendation on company letterhead from any business you have done blasting with.
- Complete the "Certification of Good Standing" form.
- Enclose a copy of your ATF Explosive License.
- Return this application and address all inquiries to:

Commissioner, Department of Public Safety  
**Office of the Fire Marshal**  
45 State Drive  
Waterbury, VT 05671-1300

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**CERTIFICATION OF GOOD STANDING WITH RESPECT TO CHILD SUPPORT PAYMENTS  
AND THE VERMONT DEPARTMENT OF TAXES**

**CHILD SUPPORT PAYMENTS**

A license may not be granted or renewed in the State of Vermont unless the licensee certifies that he or she is in good standing with respect to, or in full compliance with, a plan to pay any and all child support payable under a support order as of the date the application is filed. Good standing means that less than one-twelfth of the annual support obligation is overdue; or, liability for any support payable is being contested in a judicial or quasi-judicial proceeding; or, he or she is in compliance with a repayment plan approved by the office of child support or agreed to by the parties; or, the licensing authority determines that immediate payment of support would impose an unreasonable hardship. (15 V.S.A. §795)

**TAX PAYMENTS**

A license may not be granted or renewed in the State of Vermont unless the licensee certifies that he or she is in good standing with the Vermont Department of Taxes. Good standing means that no taxes are due; or, the tax liability is on appeal; or, the taxpayer is in compliance with the payment plan approved by the Commissioner of Taxes; or, that the licensing authority determines that immediate payment of taxes would impose an unreasonable hardship. (32 V.S.A. §3113)

**TEMPORARY OR FINAL ABUSE PREVENTION ORDER**

Licenses and renewals will not be granted to any applicant that is the subject of a current temporary or final abuse prevention order in any state or Canadian province.

**STATEMENT OF APPLICANT**

I hereby certify under the pains and penalties of perjury, that I am not subject to any support order, or that I am subject to a support order and I am in good standing with respect to, or I am in full compliance with a plan to pay any and all child support due under a support order as of the date of this application.

I further certify that I am not the subject of a current temporary or final abuse prevention order in any state or Canadian province.

I further certify that I am in good standing with respect to, or in full compliance with a plan to pay any and all taxes due the State of Vermont as of the date of this application.

I further certify that all information contained in this application is true and accurate to the best of my knowledge. **Note - The maximum penalty for perjury is fifteen years imprisonment, a \$10,000 fine, or both.**

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

The above was subscribed and sworn to before me on this \_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_. At

\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_.