



FP-59

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

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



STEPHEN D. COAN
STATE FIRE MARSHAL

APPLICATION FOR EXPLOSIVES CERTIFICATE OF COMPETENCY
RENEWAL BL # _____

Follow the instructions below to complete this application to renew an Explosives Certificate of Competency:

- Type or print all items on this form and sign the form where indicated.
Please note that the form must be notarized.
Include with this application two (2) color passport style photographs measuring 1"x 1 1/4".
Enclose 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.
Include a legible copy of your current driver's license.
Complete both pages of the CORI Request form. The CORI form must also be notarized.
All applications should be submitted to the Office of the State Fire Marshal at least 30 days prior to the expiration date of your current license. Incomplete applications will be returned. Any delay in the issuance of a license or permit, due to an incomplete filing, will be the sole responsibility of the applicant.

The holder of any approval, license certificate, license or permit issued by the Marshal under 527 CMR, 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 1.03(6)(b).

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

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: _____

APPLICANT INFORMATION (continued)

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

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 committed 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

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

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. 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.

- 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.

Signature: _____ Date: _____

Statement of Notary Public:

State of _____

_____, 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: _____

CORI REQUEST FORM
(this form must be notarized and completed)

The Department of Fire Services, Office of the State Fire Marshal (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)