



FP-083

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) 567~3700 Fax: (978) 567~3199



APPLICATION FOR EXPLOSIVES USER'S CERTIFICATE

_____ Blasting, Quarry and All Traditional Site Work (527 CMR 13.00)

_____ Limited to Research and Development (527 CMR 13.12 (12) Laboratories)

_____ Limited to Boiler Cleaning (527 CMR 13.04(3)(9))

CHECK ONE: **NEW** **RENEWAL** **EUC #** _____

I. APPLICATION INSTRUCTIONS

- Type or print in ink all items on this form, sign the form in Section V.
- Include a legible copy of your current ATF License/Permit or extension letter. If your work is limited to Research and Development and you have an exemption from ATF, a legible copy of that exemption should be attached to this application
- Include a copy of your ATF Notice of Clearance listing Responsible Person(s) and Employee Possessors.
- Include evidence of valid liability insurance coverage in the form of a certificate issued by the insurance agency listing the name and claims representative, providing general liability in the amount of \$1,000,000 per occurrence and \$1,000,000 aggregate coverage. It is the responsibility of the applicant/licensed company to advise the Office of the State Fire Marshal, in writing, at the time that a cancellation notice has been issued by your insurance company. Your insurance company must be licensed by the Massachusetts Division of Insurance.
- Include evidence of a valid blasting bond with a minimum amount of \$20,000.00 or a "Continuation Letter" from your bond company. The Continuation Letter must include a "paid to" date.
- If your certificate of insurance is not available at this time, please send the completed application and any other documents, with a note that indicates the certificate of insurance will be sent at a later date.

All applications must be submitted to the Division of Fire Safety at the address above at least 30 days prior to expiration. 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.

II. APPLICANT INFORMATION (OWNER OR PRINCIPLE OF COMPANY)

Note: All businesses conducting work in the Commonwealth of Massachusetts must be registered as a Business Entity with the Secretary of State's Office.

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

Street Address: _____
Residential address required City/Town, State Zip

Mailing Address (if different): _____
City/Town State Zip

Email Address: _____

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

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: _____
Company Name

Position Held: _____ How long employed at this position: _____

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

III. COMPANY INFORMATION

Name of Company or Firm making application: _____

FEIN (Federal Employer Identification Number): _____

Street Address: _____

Business (Mailing) Address: _____
City/Town State Zip

Business Phone Number: _____ -- _____ (please indicate if this is a mobile phone)

My current Massachusetts Explosives Users Certificate number: _____ expires on: _____

In accordance with 527 CMR 13.00, I attest that I understand the contents of 527 CMR 13.00 and M.G.L. c 148. () YES () NO

I attest that all explosive materials shall be stored according to all the requirements of 527 CMR 13.00 and all applicable Federal regulations. () YES () NO

My Federal Importer Manufacturer or Dealer License Number is: _____

My Federal Explosives Users Permit Number is: _____

IV. GENERAL

All questions must be answered

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 had a license, certificate, permit or right to use explosives suspended or revoked in any state or federal jurisdiction? { } 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

V. 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.

I acknowledge that all renewal notices will be sent electronically to the applicant listed herein. Mailing will no longer be an option in matters relative to the status of 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 attest that all explosive materials shall be stored and used according to the requirements of M.G.L. c. 148, 527 CMR 13.00 and all applicable Federal references and regulations.

D. My company/corporation has filed any and all appropriate paperwork with the MA Secretary of State Division of Corporations.

E. I acknowledge that I must maintain the required insurance and bond as a condition of maintaining a valid Explosives Users Certificate.

Signature: _____ Date: _____

Print Name and Title (Owner/Corporate Officer): _____