



Department of Fire Services Commonwealth of Massachusetts

Renewal Application for Explosives Certificate of Competency (FP-058R)

Use this form if you are renewing an existing BL license. New applicants use FP-058

Check one: **Blasting** **Research and Development** **Boiler Cleaning**

BL # _____
Fill in your current license number

Expiration Date: _____

All applications should be mailed to the Division of Fire Safety at least 30 days prior to expiration date.

PLEASE PRINT

I. APPLICATION INFORMATION

*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: 1.13.1.2(4).*

The Change of Address Form (FP-001) can be found on the DFS website.

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 sent electronically to this address)

Phone: _____ Social Security Number: _____

Are you a U.S. Citizen: YES NO

If you answered NO, attach copies of federal documents showing both your:

- INS-issued alien number or admission number
- Social Security Card.

II. RENEWAL FEE

- Include a check or money order for **\$40.00**
- Payable to the **Commonwealth of Massachusetts.**
- Do not send cash.
- I acknowledge there is a returned check charge of \$15.00 assessed under the provisions of 801 CMR 4.08.

Mail completed application to: Department of Fire Services • Attn: Licensing Desk

Department of Fire Services • P.O. Box 1025, 1 State Road, Stow, MA 01775

978-567-3375 • FAX 978-567-3199 • www.mass.gov/dfs

FP-058R Rev. 7/24
Rev. Code 0613

III. GENERAL INFORMATION

- All questions in this section must be answered.
- Any question answered "Yes" must be explained on an attached sheet of paper

- | | | |
|--|------------------------------|-----------------------------|
| Are you a fugitive from justice? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Are you an unlawful user of, or addicted to, marijuana or any depressant, stimulant, or narcotic drug or any other controlled substance? | <input type="checkbox"/> YES | <input type="checkbox"/> 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? | <input type="checkbox"/> YES | <input type="checkbox"/> 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? | <input type="checkbox"/> YES | <input type="checkbox"/> 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? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you ever been discharged from the Armed Forces under dishonorable conditions? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you ever renounced your United States citizenship? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you ever had a license, certificate, permit or right to use explosives suspended or revoked in any state or federal jurisdiction? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Are you currently taking any medication, which may impair your ability to safely conduct a licensed activity? | <input type="checkbox"/> YES | <input type="checkbox"/> 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? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you ever had a domestic abuse restraining order issued against you? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

IV. NON-MASSACHUSETTS RESIDENTS / NO DRIVER'S LICENSE

If you are not a Massachusetts resident, do not have a Massachusetts driver's license, or choose not to allow DFS access to the photo on file with the MA Registry of Motor Vehicles in the Applicant Certification:

- Tape a passport photo below.
- Attach a photocopy of your current driver's license or legal identification.



- Color picture
- Plain background
- Facing camera
- Head and shoulders
- Square (height = width)
- Must be printed on photo paper

V. CORI REQUEST FORM

- This form **must** be notarized
- Please print.

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.

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

Former Residential Addresses:

Sex	ft. in.	Height	lbs.	Weight	Hair	Eye Color
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Driver's License:

	State		Number
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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.

	Notary Signature: _____
(seal)	Notary Name (printed): _____
	Commission Expiration Date: _____

Requested By: _____
Signature of CORI Authorized Employee (MA State Police-Assigned)

VI. 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 only available to applicants with a Massachusetts driver's license.
- 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: _____

**PLEASE NOTE THAT ONLY APPLICATIONS WITH ORIGINAL WET SIGNATURES WILL BE ACCEPTED.
PHOTOCOPIES OF APPLICATIONS WILL NOT BE PROCESSED.**

VII. RENEWAL COMPLETION CHECKLIST

- All questions are answered.
Non-US Citizens
- Copies of INS documents.
- Copy of Social Security Card.
- \$40.00** renewal fee check or money order made payable to **Commonwealth of Massachusetts**.
- Any explanation(s) to questions in Section III answered "Yes" are attached on a separate page.
Non-Mass Residents / No driver's license
- Passport Photo.
- Copy of current driver's license or legal identification.
- CORI Request form completed and notarized.
- Language preference survey completed.
- Applicant Certification completed – original ink signature.

VIII. LANGUAGE PREFERENCE SURVEY

ALL Applicants Must Complete This Page

Name: _____ Date: _____

In order to help the Department of Fire Services explore the feasibility and necessity of providing the Application for Explosives Certificate of Competency in languages other than English all applicants must complete the following:

If you have difficulties completing this application form due to your inability to read the English language, please indicate which language you can read and return this information with the application. Thank you.

- Portuguese
- Spanish
- Vietnamese
- Mandarin
- Other
- Able to read and understand the English Language

Se tiver dificuldade para preencher este requerimento porque não entende o Inglês, indique o idioma no qual sabe ler e devolva esta informação junto com o requerimento. Obrigado.

- Português
- Espanhol
- Vietnamita
- Mandarim
- Outro

Si tiene dificultades para completar este formulario de solicitud debido a que no puede leer el idioma inglés, favor de indicar en qué idioma puede leer y enviar de regreso esta información con la solicitud. Gracias.

- Portugués
- Español
- Vietnamita
- Mandarín
- Otro

Nếu quý vị gặp khó khăn khi hoàn tất mẫu đơn này do quý vị không đọc được tiếng Anh, vui lòng cho biết quý vị có thể đọc ngôn ngữ nào và gửi lại thông tin này cùng mẫu đơn này. Xin cảm ơn

- Tiếng Bồ Đào Nha
- Tiếng Tây Ban Nha
- Tiếng Việt
- Tiếng Trung Phổ thông
- Khác

如因不懂英文而無法填寫此申請表，請註明您能看懂的語言，並將此項資訊隨申請表一併交回。感謝您

- 葡萄牙文
- 西班牙文
- 越南文
- 中文
- 其他

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