



Louisiana Explosives License Application Packet

Submit applications to : Explosives Control Unit, P.O. Box 66168, A-16, Baton Rouge, LA 70896-6168 If you have any questions you may contact the Explosives Control Unit at (225) 925-4893 ext. 215.

The current version of the application and further information can also be found at:
www.lsp.org/esu.html.

Overnight mail should be sent to:
Explosives Control Unit, 7919 Independence Blvd. Baton Rouge, LA 70806

ALL APPLICANTS MUST BE ABLE TO READ AND WRITE THE ENGLISH LANGUAGE

GENERAL INFORMATION AND INSTRUCTIONS

Please read and follow instructions carefully. Failure to submit application correctly will result in processing delays.

1. EXPLOSIVES LICENSE LAW - LRS 40:1472.1 et seq

These statutes contain the eligibility requirements to receive an explosives license.

2. LICENSE FEES

- a) A fee schedule is listed in the Louisiana Statutes - LRS 40:1472.3.C.(1).
- b) Fees are payable to the Department of Public Safety in the form of a check or money order.
Only one application per check is allowed.

NOTE: ALL FEES ARE NON-REFUNDABLE.

3. EXPLOSIVES TRAINING

- a) Licensees must meet training requirements outlined in LAC 55:I.1541.A.
- b) Training costs vary by organization and are not regulated by the Department of Public Safety.
- c) Approved trainers can be found at <http://www.lsp.org/esu.html#explosives>

4. DOCUMENTS AND FILINGS

- a) **Application must be typed, signed (no digital signature) and dated.**
- b) Photocopies of any documentation, if required, **MUST** clearly show all names, signatures and other pertinent information. Copies which are too dark or too light and do not show all pertinent information will not be accepted. **DO NOT SEND ORIGINALS, UNLESS SPECIFICALLY REQUIRED TO DO SO, AS THEY CANNOT BE RETURNED.** A copy of the Company Federal Explosives License must also be attached.
- c) Beginning Feb 01 2022, 2 fingerprint cards (FD-258), a check for \$39.25 made out to the Department of Public Safety (Company Check, Cashier's Check or Money Order only), and both Rapsheet Disclosure documents, must be submitted with applications. Both fingerprint cards must be signed and filled out completely, including your name, signature, address, date of birth, place of birth, social security number and your physical characteristics (sex, race, height, etc.).
- d) **FAILURE TO LIST ALL ARRESTS, DETENTIONS AND LITIGATION SHALL RESULT IN DELAY OR DENIAL OF THE LICENSE, AND OTHER CRIMINAL PENALTIES AS ALLOWED BY LAW.** If you have ever been arrested, charged, detained, indicted, or summoned for any criminal offense or violation, you must answer "Yes" to the arrest questions and submit certified true copies of the final court disposition of the case with your application.
NOTE: Certified true copies are available from the court of record.
- e) Incomplete applications are subject to **DENIAL.**
- f) An ineligible applicant will be **DENIED.**
- g) **If born outside the United States, valid proof of citizenship or residency must be provided.**
- h) Application **must** be received within 120 hours of the drug screen being conducted.

Instructions For Completing The Explosives License Application

1	Applicant Name	Legal Name - First, Middle, Last, Suffix	
	Race	Check one block	
	Sex	Check one block	
	Date of Birth	mm/dd/yy	
	Place of Birth	City, State, Country. (If outside the U.S. include proof of Citizenship or Residency)	
	Social Security Number	XXX-XX-XXXX	
	Drivers License / ID Number	Drivers License or Identification card number	
	State	State issuing drivers license or identification card	
	Physical Address	Street address and/or apartment	
	City	City	
	State	State abbreviation	
	ZIP	ZIP code	
	Mailing Address (If Different)	Your Mailing Address if different from your physical address	
	City	City	
	State / ZIP	State abbreviation / ZIP code	
	Cell Phone Number / Email Address	Cell phone number / Personal email address	
2	Read / Write English Language	Check one box	
	Initial Explosives Training Date	Date Initial Training received mm/dd/yy	ATTACH A COPY OF CERTIFICATE
	Instructor / Explosives License #	Name of Instructor of Initial Training & Instructor's LA Explosives License Number	
	Annual Explosives Training Date	Date Annual Training received mm/dd/yy	ATTACH A COPY OF CERTIFICATE
	Instructor / Explosives License #	Name of Instructor of Annual Training & Instructor's LA Explosives License Number	
	Drug Screen Completion Date	Date drug screen was conducted (do not wait for result) mm/dd/yy	
	Drug Screening Facility	Screening Facility Name	
3	Company Federal Explosives License #	License number issued to Company by BATFE	ATTACH A COPY OF LICENSE
	Company Name	Name Company does business as	
	Company Mailing Address	Address for Company's mail service	
	City / State / ZIP	City / State Abbreviation / ZIP code	
	Physical Address of Facility	Where the Facility is physically located	
	City / State / ZIP	City / State Abbreviation / ZIP code	
	Company Representative Title	Job Title	
	Company Representative Name	First, MI, Last	
	Company Representative Address	Leave blank if same as Company Address	
	City / State / ZIP	City / State Abbreviation / ZIP code	
	Company Representative Cell Number	Area code and cell phone number	
	Ofc Number	Area code and office phone number	
	Company Representative Email	Email Address of the Point of Contact	
	Signature and Dates	Company representative and applicant must sign the application. Applications unsigned by either will be <u>DENIED</u> . The date used should be the date the application was signed. <u>Digital signatures are NOT acceptable.</u>	

Louisiana Department of Public Safety
Office of State Police
Explosives License Application

Applicant's Name: _____

Last

First

MI

What type of application is this?

New Application

Renewal

License Duration?

(Check appropriate box)

	1 Year	2 Year	3 Year	4 Year
Manufacturer	\$200.00	\$400.00	\$550.00	\$700.00
Dealer / Distributor	\$200.00	\$400.00	\$550.00	\$700.00
User	\$100.00	\$200.00	\$250.00	\$300.00
Blaster	\$50.00	\$100.00	\$150.00	\$200.00
Handler	\$50.00	\$100.00	\$125.00	\$150.00

Make Check or Money Order Payable to:
Department of Public Safety
<i>All Fees Are Non-Refundable</i>
Application should be mailed to:
Explosives Control Unit
PO Box 66168. A-16
Baton Rouge, LA 70896-6168

Check or Money Order Amount:	
Check or Money Order Number:	

Note: Each application must be accompanied by a separate check. One check for multiple applications will not be accepted.

Louisiana Department of Public Safety
Office of State Police
Explosives License Application

APPLICANT DATA

FORM MUST BE TYPED.

1	Legal Name: First	Middle	Last
Race: (Check One)		White	Black
		Asian	Hispanic
		American Indian	Other
Sex: (Check One)		Male	Female
Date of Birth:	Place of Birth: (City / State / Country)		
Social Security Number:	Drivers License / ID Number:		State of Issue:
Residence Address:			
City:	State:	ZIP:	
Mailing Address (If Different):			
City:	State:	ZIP:	
Cell Phone Number:	Email address:		

ALL APPLICANTS: PLEASE ANSWER "YES" OR "NO" TO ALL QUESTIONS IN THIS SECTION. Read each question carefully. If you make an error, cross out the incorrect choice and initial the change. If you answer "Yes" to questions **3 thru 5**, **attach certified true copies of the court documents.**

1.	Are you at least 21 years of age, or 18 years of age for a Handler or Blaster License?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Are you a legal United States resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Are you ineligible to possess an explosives license by virtue of having been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you ever been arrested, charged, detained, indicted or summoned for any criminal offense or violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have you been judged to be a credible threat to others, been subject to a protective order, or prohibited from possessing or receiving a firearm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Are you a fugitive from justice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have you been adjudicated to be mentally deficient or been committed to a mental institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Do your prior activities, arrest or arrests, criminal record, reputation, habits and actions pose a threat to public safety?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Have you been committed, either voluntarily or involuntarily, for the abuse of a controlled substance, as defined by R.S. 40:961 and 964, or been found guilty of or entered a plea of guilty or no contest to a misdemeanor under the laws of this state or similar laws of any other state relating to a controlled dangerous substance within a five (5) year period immediately preceding the date on which the application is submitted, or presently charged under indictment or a bill of information for such an offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Are you an unlawful user of or addicted to marijuana, depressants, stimulants, or narcotic drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Do you suffer from a mental or physical infirmity due to disease, illness, or retardation which prevents the safe handling of explosives?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Have you been discharged from the Armed Forces of the United States with a discharge characterized as "Under Other Than Honorable Conditions", a "Bad Conduct Discharge" or a "Dishonorable Discharge"?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Louisiana Department of Public Safety
Office of State Police
Explosives License Application

2	Read/Write English:	Yes	No		
	Initial Explosives Training Date: <i>Attach a copy of certificate with application</i>		Instructor:		Louisiana Expl Lic #:
	Annual Explosives Training Date: <i>Attach a copy of certificate with application</i>		Instructor:		Louisiana Expl Lic #:
	Drug Screen Conducted Date: <i>Note: Cannot be dated post Notary's actions on Affidavits</i>	Drug Screening Facility:			
<i>Do not wait for results before submitting application.</i>					

COMPANY INFORMATION

3	Company Federal Explosives License Number: <i>Attach a copy of federal license with application</i>				
	Company Name:				
	Company Mailing Address:				
	City:		State:		ZIP:
	Physical Address of Facility:				
	City:		State:		ZIP:
	Company Representative Title:				
	Company Representative Name:	First:	Middle:	Last:	
	Company Representative Mailing Address:				
	City:		State:		ZIP:
	Company Representative Cell Number:		Ofc Number:		
	Company Representative Email:				

Company Explosives Use(s): Check all that apply

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Demolition	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining	<input type="checkbox"/> Oil Field	<input type="checkbox"/> Pyrotechnic	<input type="checkbox"/> Seismic
<input type="checkbox"/> Special Effects	<input type="checkbox"/> Other*	*Explain _____				

Applicant's Signature: _____ **Date:** _____

Company Representative's Signature: _____ **Date:** _____

NOTE: Digital Signatures are NOT acceptable.

A

AFFIDAVIT of FACT

STATE OF _____ PARISH / COUNTY OF _____

BEFORE ME, the undersigned Notary Public, duly commissioned and qualified, in the Parish / County and State aforesaid, personally came and appeared:

Affiant's Name (Typed)

Affiant's Address (Typed)

Who being by me first duly sworn, deposed and said:

I, _____, having been duly sworn, depose and say that I have read the foregoing application and the contents thereof, and do hereby certify that my responses and information contained within this application are true and correct and they are an accurate account of the requested information. In addition, I have also read, understand, and agree to comply with the statutes contained in R.S. 40:1472.1 et seq and the corresponding administrative regulations. I have executed this statement voluntarily with the knowledge that any failure to provide truthful information is cause for denial of my application or revocation of a license, and that the making of any false statement or response in this application is a violation of R.S. 40:1472.3(I), Knowingly making a false statement in order to obtain a license, a criminal offense punishable by imprisonment for not more than five (5) years with or without hard labor or a fine not to exceed ten thousand dollars (\$10,000.00) or both.

Affiant's Signature

Sworn to and subscribed before me on this _____ day of _____, _____

Print, Type or Stamp Name of Notary Public

Notary Public

No.

My commission expires _____

B

HOLD HARMLESS AND INDEMNIFICATION AFFIDAVIT

STATE OF _____ PARISH / COUNTY OF _____

BEFORE ME, the undersigned Notary Public, duly commissioned and qualified, in the Parish / County and State aforesaid, personally came and appeared:

Affiant's Name (Typed)

Affiant's Address (Typed)

Who being by me first duly sworn, deposed and said:

I, _____, pursuant to R.S. 40:1472.3.E.(2)(b), agree to hold harmless and indemnify the state of Louisiana, the Department of Public Safety and Corrections, the Secretary and the Deputy Secretary of the Louisiana Department of Public Safety and Corrections, and any of its agents or employees, and any peace officer within this state, from and against any and all liability, claims, actions, fines or losses of any kind or nature, including costs and attorney's fees, in any way arising out of, connected with or related to the issuance of my Louisiana Explosive License.

Affiant's Signature

Sworn to and subscribed before me on this _____ day of _____, _____

Print, Type or Stamp Name of Notary Public

Notary Public

No.

My commission expires _____

Required Documents Checklist

**Ensure you are using the most current version of the application by going to:
www.lsp.org/esu.html**

For Individual Licenses

Signed and dated application (pages 1, 2 & 3) attachments A & B (pages 4 & 5) completed and notarized and Checklist (page 6)

2 completed fingerprint cards (FD-258) plus a check for \$39.25 made out to the Department of Public Safety (Company Check, Cashier's Check or Money Order only)

Both Rapsheet Disclosure Documents

Proof of Citizenship or Residency if the applicant was born outside of the U.S. (Passport, Birth Certificate, Resident Alien card)

Proof of training as described in Section 2 on Instructions page. Initial Training Certificate and Refresher Training Certificate (if applicable)

Copy of Federal Explosives License as described in Section 3 on Instructions page

Correct fee as described on page 1

Certified True Copies of final court disposition, if you answered "Yes" to questions 3, 4, 5, 7 or 9 on page 2

Failure to provide all requested information, may result in the application being **DENIED**. A new application may then be required. The Department of Public Safety must receive the application within 120 hours of the drug screen being conducted.

Note: "Any changes, additions or deletions made to the application after the Notary Public has performed their notarial act, will void this application."



BACKGROUND CHECK AUTHORIZATION FORM - TESS

Louisiana State Police
Bureau of Criminal Identification and Information
P.O. Box 66614 (Mail Slip A-6)
Baton Rouge, LA 70896

Acceptable forms of payment include: Cashier Check, Business Check with pre-printed business name or Money Order
Credit Card payments are accepted when paying in person at Louisiana State Police Headquarters

****FORMS MUST BE FILLED OUT IN INK AND BE REVIEWED BY SUBMITTING AGENCY/INDIVIDUAL FOR ACCURACY****
*****FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION*****

****PLEASE PRINT****

AGENCY, FACILITY OR INDIVIDUAL

AGENCY, FACILITY AUTHORIZED REPRESENTATIVE OR INDIVIDUAL

MAILING ADDRESS

SIGNATURE OF AUTHORIZED REPRESENTATIVE/INDIVIDUAL

CITY

STATE

ZIP CODE

()
AGENCY, FACILITY OR INDIVIDUAL PHONE NUMBER

AGENCY OR FACILITY E-MAIL ADDRESS

Request For:

___ LSP / TESS / EXPLOSIVES CONTROL UNIT – LA921061Z (EXL)

APPLICANTS FULL NAME: _____
****PRINT – USE INK****

LAST

FIRST

MIDDLE

*INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES BELOW IF APPLICABLE:

*LAST FIRST MIDDLE

*LAST FIRST MIDDLE

APPLICANTS SOCIAL SECURITY # _____ - _____ - _____

DATE OF BIRTH: ____ / ____ / ____ RACE ____ SEX ____

DRIVERS LICENSE or ID # _____ STATE _____

POSITION or LICENSE APPLIED FOR _____

APPLICANTS SIGNATURE: _____

APPLICANTS PHONE NUMBER: _____

AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility with the facility or agency named above. Pursuant to Title 28, C.F.R., Section 16.34, officials making the determination of suitability for licensing or employment shall provide the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record.

ATN: _____

SID: _____

**RAPSHEET DISCLOSURE
BUREAU OF CRIMINAL IDENTIFICATION AND INFORMATION
P.O. BOX 66614 (MAIL SLIP A-6)
BATON ROUGE, LA 70896**

AGENCY, BUSINESS OR INDIVIDUAL NAME

MAILING ADDRESS

CITY STATE ZIP CODE

**NOTICE:
PLEASE PRINT OR TYPE
INFORMATION, EXCLUDING
ADMINISTRATORS OR AUTHORIZED
PERSONS SIGNATURE.

INCOMPLETE FORMS WILL NOT BE
PROCESSED.**

APPLICANT NAME: _____ DATE OF BIRTH: _____

RACE: _____ SEX: _____ HEIGHT: _____ WEIGHT: _____

HAIR COLOR: _____ EYE COLOR: _____ BIRTH STATE: _____

SOCIAL SECURITY NUMBER: _____ DRIVER LICENSE/ID: _____

DO NOT WRITE BELOW THIS LINE: (For Bureau of Criminal Identification and Information Use Only)

CRIMINAL HISTORY DETERMINATION

**ALL INFORMATION RELEASED MUST REMAIN STRICTLY CONFIDENTIAL AND ONLY THOSE
AUTHORIZED BY LAW TO RECEIVE THIS INFORMATION MAY SUBMIT A REQUEST.**

NOTICE: The response to your request for a criminal history check is based on a review of the State of Louisiana's criminal history records database as is available at the time of request. This does not preclude the possible existence of an arrest or conviction information not available in our database.

RAPSHEET ATTACHED

RESPONSE BELOW