

Louisiana Explosives License Application Packet

Submit applications to : Explosives Control Unit, P.O. Box 66168, Baton Rouge, LA 70896-6168
If you have any questions you may contact the Explosives Control Unit at (225) 925-6113 ext. 215
Information can also be found at www.lsp.org/esu.html

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/pdf/hazmatTrainers.pdf>

4. DOCUMENTS AND FILINGS

- a) **Application must be typed.**
- 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.**
- c) The Explosives Control Unit will notify the applicant if fingerprint cards are required. If requested, fingerprint cards must be signed and filled out completely, including your name and 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.

NOTE1: All fees are non-refundable.

NOTE2: A copy of the Company Federal Explosives License must be attached.

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 | State abbreviation | | |
| | ZIP | Zip code | | |
| | 2 | Other Valid Explosives License # | Any explosives license or permits issued to you by another governmental agency | |
| | | 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 of required annual drug screen 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 | | |
| | Company Physical Address | Where the Company 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 Telephone Number | Area code and phone number | | |
| | Company Facsimile Number | Area code and fax 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 denied. Date entered will be date signed. | | |

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

Applicant's Name: _____
Last First MI

What type of application is this?

License Duration? (Check appropriate box)

| | 1 Year | 2 Year | 3 Year | 4 Year |
|-------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| Manufacturer | <input type="checkbox"/> \$200.00 | <input type="checkbox"/> \$400.00 | <input type="checkbox"/> \$550.00 | <input type="checkbox"/> \$700.00 |
| Dealer / Distributor | <input type="checkbox"/> \$200.00 | <input type="checkbox"/> \$400.00 | <input type="checkbox"/> \$550.00 | <input type="checkbox"/> \$700.00 |
| User | <input type="checkbox"/> \$100.00 | <input type="checkbox"/> \$200.00 | <input type="checkbox"/> \$250.00 | <input type="checkbox"/> \$300.00 |
| Blaster | <input type="checkbox"/> \$50.00 | <input type="checkbox"/> \$100.00 | <input type="checkbox"/> \$150.00 | <input type="checkbox"/> \$200.00 |
| Handler | <input type="checkbox"/> \$50.00 | <input type="checkbox"/> \$100.00 | <input type="checkbox"/> \$125.00 | <input type="checkbox"/> \$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 |
| 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) | | <input type="checkbox"/> White | <input type="checkbox"/> Black | <input type="checkbox"/> Asian | <input type="checkbox"/> Hispanic | <input type="checkbox"/> American Indian <input type="checkbox"/> Other |
| Sex: (Check One) | | <input type="checkbox"/> Male | <input type="checkbox"/> 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: | |

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 6**, attach **certified true copies of the court documents**.

| | | |
|-----|---|--|
| 1. | Are you at least 21 years of age? | <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 entered a plea of guilty or no contest to or been found guilty of a crime of violence as defined in R.S. 14:2 at the misdemeanor level? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. | Have you been convicted of, entered a plea of guilty or no contest to, or been charged under indictment or a bill of information for any crime of violence or any crime punishable by imprisonment for a term of one (1) year or more? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. | 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 |
| 7. | Are you a fugitive from justice? | <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. | Have you been adjudicated to be mentally deficient or been committed to a mental institution? | <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. | Are you an unlawful user of or addicted to marijuana, depressants, stimulants, or narcotic drugs? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. | 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 | Other Valid Explosives License Number: _____ | | | | |
| Read/Write English: | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Initial Explosives Training Date: <small>Attach a copy of certificate with application</small> | | Instructor: | | Expl Lic #: | |
| Annual Explosives Training Date: <small>Attach a copy of certificate with application</small> | | Instructor: | | Expl Lic #: | |
| Drug Screen Completion Date: | | | Drug Screening Facility: | | |

COMPANY INFORMATION

| | | | | | |
|---|--|--------|-------------|---------|-------|
| 3 | Company Federal Explosives License Number: _____ <small>Attach a copy of federal license with application</small> | | | | |
| Company Name: | | _____ | | | |
| Company Mailing Address: | | _____ | | | |
| City: | _____ | State: | _____ | ZIP: | _____ |
| Company Physical Address: | | _____ | | | |
| City: | _____ | State: | _____ | ZIP: | _____ |
| Company Representative Title: | | _____ | | | |
| Company Representative Name: | | First: | _____ | Middle: | _____ |
| Company Representative Mailing Address: | | _____ | | | |
| City: | _____ | State: | _____ | ZIP: | _____ |
| Company Telephone Number: | | | Fax 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 Signature: _____ **Date:** _____

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(l), 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

For Company and Individual Licenses

- Signed application (pages 1, 2, and 3) and attachments A & B completed and notarized
- Proof of Citizenship or Residency if born outside the U.S. (Passport, Birth Certificate, Resident Alien card)
- Proof of training as described in Section 2 on Instructions page
- 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, 6, 9 or 10 on page 2

Please note that nothing on the application should be dated after the Notary has signed and dated it.