



Louisiana Department of Public Safety and Corrections Office of State Police

Louisiana Explosives License Application

The current version of the license application and further information can also be found at: www.lsp.org Submit applications to: **La. State Police, Explosives Control Unit,**

**Physical Delivery: 7919 Independence Blvd., Baton Rouge, LA 70806 OR
Mailing Address: P.O. Box 66168, Baton Rouge, LA 70896-6168**

If you have any questions you may contact the Explosives Control Unit at (225) 925-4893 ext. 215.

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

GENERAL INFORMATION AND INSTRUCTIONS

Please follow instructions carefully. Failure to submit application correctly may 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 on Page 1 of application and 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 as outlined in La. Administrative Code 55:I.1541.A.
 - b) Training costs vary and are not regulated by the Department of Public Safety.
 - c) Approved trainers can be found at www.lsp.org
4. DOCUMENTS AND FILINGS
 - a) Applicant must contact website: <https://www.identogo.com> to schedule an appointment to be fingerprinted **prior** to submitting an application for a license. **Service Name: LSP TSS Explosives** and **Service Code: 27N2HJ** will be required when scheduling an appointment.
 - b) **Application must be typed, signed and dated (no digital signature(s) or dates).**
 - c) Photocopies of any documentation, if required, **MUST** clearly show all names, signatures and other pertinent information. **DO NOT SEND ORIGINALS, UNLESS SPECIFICALLY REQUIRED TO DO SO, AS THEY CANNOT BE RETURNED.** A copy of the Company's Federal Explosives License is required with ALL applications.
 - 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 charges (available from the court of record) with your application.
 - e) Incomplete applications are subject to **DENIAL.** **NOTE: All fees are non-refundable.**
 - f) An ineligible applicant will be **DENIED.** **NOTE: All fees are non-refundable.**
 - g) **If born outside of the United States, valid proof of citizenship or residency must be provided.**
 - h) Application **must** be received within **120 hours** from the time the drug screen has been conducted. Do not wait on the results; as that may delay the time frame of the receipt of the application.

Instructions For Completing The Explosives License Application

1	Applicant Name	Legal Name – First Name, Middle Name, Last Name, Suffix	
	Race	Check only one block	
	Sex	Check only 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	
	Driver's License /ID Number	Driver's License or Identification Card number	
	State	State issuing Driver's License or Identification Cart	
	Physical Address	Street Address and/or apartment City / State / Zip	
	Mailing Address (If Different)	Your Mailing Address if different from your physical address City / State / Zip	
	Cell Phone Number/Email Address	Cell phone number / Personal email address	
	Arrests	If you have been arrested, you must provide Certified Court documents on the final disposition of the charges. (Including dismissals, etc.) Failure to accurately answer these question may result in a DENIAL of the application.	
	2	Read/Write English Language	Check only one block
		Initial Explosives Training Date	Date of Initial Training (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 of Annual Training (mm/dd/yy) ATTACH A COPY OF CERTIFICATE	
Instructor / Explosives License #		Instructor of Annual Training & Instructor's LA Explosives License Number	
Drug Screen Completion Date		Date drug screen was conducted mm/dd/yy. (Do not wait for results)	
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 (as listed on Federal License)	
	Company Mailing Address	Address where the license will be mailed to	
	City / State / Zip	City / State Abbreviation / ZIP code	
	Physical Address of Facility	Physical location of the facility	
	City / State / Zip	City / State Abbreviation / ZIP code	
	Company Representative Title	Job Title	
	Company Representative Name	First, MI, Last	
	Company Representative Address	Address of the facility where the Representative is employed	
	Company Representative Cell #	Area code and cell phone number	
	Ofc Number	Area code and office phone number	
	Company Representative Email	Email Address of the Point of Contact	
	All applications must be received within 120 hours from the time the drug screen has been completed.		
Signature and Dates	Company representative and applicant must sign and date the application. Applications not signed or dated by either will be DENIED . Digital signatures are NOT acceptable. Copies of the application will not be accepted.		

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

Applicant's Name:

Last

First

Middle

What type of application is this?

New Application

Renewal

License Duration?

(Check appropriate box) Submitted funds must equal selection of license.

	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:
Louisiana State Police, Explosives Control Unit
7919 Independence, Blvd., Baton Rouge, LA 70806
OR P.O 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 or money order. Company checks and personal checks will both be accepted. One check for multiple applications will not be accepted.

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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

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2	Read/Write English:	Yes	No		
	Initial Explosives Training Date: Attach a copy of certificate with application		Instructor:		Louisiana Expl Lic #:
	Annual Explosives Training Date: Attach a copy of certificate with application		Instructor:		Louisiana Expl Lic #:
	Drug Screen Conducted Date: Note: Cannot be dated post Notary's actions on Affidavits	Drug Screening Facility:			

Applications must be submitted within 120 hours from the time the drug screen has been conducted. Do not wait for results of the drug screen before submitting this application.

COMPANY INFORMATION

3	Company Federal Explosives License Number: Attach a copy of federal license with application				
	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 and Dates will NOT be accepted.

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 _____



BACKGROUND CHECK AUTHORIZATION FORM - TSS

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****

Louisiana State Police Emergency Services Unit

ESU Command Technician

AGENCY, FACILITY OR INDIVIDUAL

AGENCY, FACILITY AUTHORIZED REPRESENTATIVE OR INDIVIDUAL

7919 Independence Blvd

Captain Christopher R. Adams

MAILING ADDRESS

SIGNATURE OF AUTHORIZED REPRESENTATIVE/INDIVIDUAL

Baton Rouge LA 70806

225 925-4893 ext 215

AGENCY, FACILITY OR INDIVIDUAL PHONE NUMBER

Cynthia.Campbell@la.gov

AGENCY OR FACILITY E-MAIL ADDRESS

Request For:

LSP / TSS / EXPLOSIVES CONTROL UNIT - LA921061Z (EXL)

****PRINT - USE INK****

APPLICANT'S FULL NAME:

*LAST FIRST MIDDLE

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

*LAST FIRST MIDDLE

*LAST FIRST MIDDLE

APPLICANT'S SOCIAL SECURITY #

DATE OF BIRTH: RACE SEX

DRIVER'S LICENSE or ID # STATE

POSITION or LICENSE APPLIED FOR

APPLICANT'S SIGNATURE:

APPLICANT'S 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.

DPSSP 6696 (TSS)

Revised 2/7/2022