



**Louisiana Department of Public Safety & Corrections
Office of State Police**

Explosives License Application

Explosives applications and important information about the application process can be found at www.lsp.org. Applications can be submitted to the LSP Explosives Control Unit at:

Physical Address: 7919 Independence Blvd., Baton Rouge, LA 70806

Mailing Address: P.O. Box 66168, Baton Rouge, LA 70896-6168

Questions should be directed to the Explosives Control Unit at (225) 925-4893 Ext. 215 or ExplosivesControl@la.gov

General Information and Instructions

Please carefully read and follow these instructions.

Failure to follow these instructions may result in processing delays.

1. Regulation of Explosives in Louisiana
Louisiana Revised Statute (LRS) 40:1472.1 et seq
Louisiana Administrative Code (LAC) 55:I:1501 et seq
2. License Fees
LRS 40:1472.3(C)(1) – License Fees
3. Required Training
Louisiana Administrative Code (LAC) 55:I:1541(A) et seq
4. Documents and Filings
 - a. Applicants must schedule an appointment to be fingerprinted prior to submitting an application for a license. Appointments can be scheduled by visiting www.identogo.com. When scheduling appointments use:

Service Name: LSP TSS Explosives

Service Code: 27N2HJ

- b. Applications must be typed, signed, and dated. Electronic signatures and dates will not be accepted.
- c. Supporting documents, if required, must clearly show all names, signatures, and all other information. Do not send original documents.
- d. A copy of the company's Federal Explosives License is required for all applications.

- e. Failure to list all arrests, detentions, and litigation may result in delay or denial of the license, and other criminal sanctions 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.
- f. Incomplete applications are subject to denial.
- g. Ineligible applicants will be licensed.
- h. Applicants born outside of the United States must provide a valid proof of citizenship or legal residency.
- i. Applications must be submitted within 120 hours of drug screen. Do not wait for drug screen results before submitting this application.
- j. All fees are non-refundable.

Instructions for Completing the Explosives License Application

Applicant Name	Legal name – first name, middle name, last name, suffix (if applicable)
Race	Check one box only
Sex	Check one box only
Date of Birth	mm/dd/yyyy
Place of Birth	City, State, Country (if outside of U.S., include proof of citizenship or legal residency)
Social Security Number	XXX-XX-XXXX
Driver’s License/ID Number	Driver’s license or State identification card
Physical Address	Address of residence (street address, apartment number if applicable, City, State, Zip Code)
Mailing Address	(if different from physical address)
Telephone Number	XXX-XXX-XXXX
Email Address	Email address
Questions 1 – 12	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 (including dismissals) with your application.
Read/Write English Language	Check one box only
Initial Explosives Training Date	Date of initial training (mm/dd/yyyy) Attach a copy of training certificate
Instructor’s Name and License No.	Name of instructor for initial training and instructor’s LA Explosives License Number
Annual Explosives Training Date	Date of most recent annual training (mm/dd/yyyy) Attach a copy of training certificate
Instructor’s Name and License No.	Name of instructor for annual training and instructor’s LA Explosives License Number

Date of Drug Screen	Date drug screen was conducted on (mm/dd/yyyy) Do not wait on results to submit application.
Drug Screening Facility	Name of drug screening facility
Company's Federal Explosives License No.	License number issued to company by the Bureau of Alcohol, Tobacco, Firearms, and Explosives (attach a copy of license)
Company Name	Name of Company (as listed on the BATFE license)
Company's Physical Address	Company's physical address where the license will be mailed (street address, city, state, and zip code)
Company's Mailing Address	Company's mailing address (if different)
Company Representative Name	First name, middle name, last name, suffix (if applicable)
Company Representative Title	Job title
Company Representative Address	Physical address of the facility where the company representative is employed
Company Representative Mobile Number	(XXX) XXX-XXXX
Company Representative Office Number	(XXX) XXX-XXXX
Company Representative Email Address	Email address
Company Explosives Use(s)	Check all that apply
Signatures/Dates	Applicant and company representative must provide original signatures and dates. (copies of applications, applications that are not signed, or applications signed/dated with digital signatures will not be accepted)

Louisiana Department of Public Safety & Corrections
Office of State Police
Explosives License Application
(application must be typed)

Applicant's Name:

First

Middle

Last

Type of Application:

New Application

Renewal

License Duration: (check one box only – submitted fees must match selection)

	1-Year	2-Year	3-Year	4-Year
Manufacturer	\$200	\$400	\$550	\$700
Dealer/Distributor	\$200	\$400	\$550	\$700
User	\$100	\$200	\$250	\$300
Blaster	\$50	\$100	\$150	\$200
Handler	\$50	\$100	\$125	\$150

Make checks or money orders payable to:
Department of Public Safety
 (All fees are non-refundable)

Applications can be submitted to the
 LSP Explosives Control Unit at:

Physical Address:
 7919 Independence Blvd., Baton Rouge, LA 70806

Mailing Address:
 P.O. Box 66168, Baton Rouge, LA 70896-6168

Check or Money
 Order Amount:

Check or Money
 Order Number:

*Each application must be accompanied by a separate check or money order.
 Both company and personal checks are accepted.*

Applicant Information

Legal Name:	First	Middle	Last			
Race (check one):	White	Black	Asian	Hispanic	Amer. Indian	Other
Sex (check one):	Male		Female			
Date of Birth (mm/dd/yyyy):	Place of Birth (city, state, country):					
Social Security No.:	Driver's Lic./ID No.:		State of Issue:			
Street Address (residence):						
City:	State:		Zip Code:			
Mailing Address (if different):						
City:	State:		Zip Code:			
Telephone No.:		Email Address:				

Carefully read Questions 1-12 and select 'Yes' or 'No' for each. If you answer 'Yes' to Question 3, 4, or 5, attach certified true copies of related court documents.

1.	Are you at least 21 years of age (or at least 18 years of age for Handler/Blaster applicants)?	Yes	No
2.	Are you a legal resident of the United States?	Yes	No
3.	Have you ever been arrested, charged, detained, indicted, or summoned for any criminal offense of violation?	Yes	No
4.	Are you ineligible to possess an explosives license by virtue of having been convicted of a felony?	Yes	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?	Yes	No
6.	Are you a fugitive from justice?	Yes	No
7.	Have you ever been adjudicated to be mentally deficient or been committed to a mental institution?	Yes	No
8.	Do your prior activities, arrest(s), criminal record, reputation, habits, or associations pose a threat to public safety?	Yes	No
9.	Have you been committed, either voluntarily or involuntarily, for the abuse of a controlled dangerous substance, as defined by LRS 40:961 and 964, or been found guilty of, or entered a plea of guilty or nolo contendere, 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 be presently charged under indictment or a bill of information for such an offense?	Yes	No

10.	Are you an unlawful user of, or addicted to, marijuana, depressants, stimulants, or narcotic drugs?	Yes	No
11.	Do you suffer from a mental or physical infirmity due to disease, illness, or retardation which prevents the safe handling of explosives?	Yes	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'?	Yes	No

Can you read and write the English language?	Yes	No
--	-----	----

Initial Explosives Training Date (mm/dd/yyyy)*		Instructor's Name:		Instructor's LA Explosives License No.:	
--	--	--------------------	--	---	--

**Attach a copy of training certificate with application.*

Annual Explosives Training Date (mm/dd/yyyy)*		Instructor's Name:		Instructor's LA Expl. License No.:	
---	--	--------------------	--	------------------------------------	--

**Attach a copy of training certificate with application.*

Date of Drug Screen (mm/dd/yyyy)*		Drug Screening Facility:	
-----------------------------------	--	--------------------------	--

**Applications must be submitted within 120 hours of drug screen. Do not wait for drug screen results before submitting this application.*

Company Information

Company Federal Explosives License No. (attach a copy of federal license with application):							
Company Name:							
Street Address (company):							
City:		State:		Zip Code:			
Mailing Address (if different):							
City:		State:		Zip Code:			
Company Representative Name:	First		Middle		Last		
Company Representative Title:							
Street Address (company representative):							
City:		State:		Zip Code:			
Mobile Number:				Office Number:			
Email Address:							
Company Explosives Use(s) – Check all that apply:							
Agriculture	Demolition	Manufacturing	Mining	Oil Field			
Pyrotechnic	Seismic	Special Effects	Other*				

**Explain:*

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

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

****Digital signatures and dates will not be accepted.***

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 LRS 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 LRS 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 _____, 20_____.

Print, type, or stamp Name of Notary Public

*Notary Public Signature**

My commission expires _____

****Digital signatures and dates will not be accepted.***

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 _____, 20____.

Print, type, or stamp Name of Notary Public

*Notary Public Signature**

My commission expires _____

****Digital signatures and dates will not be accepted.***



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****

Louisiana State Police - Emergency Services Unit

AGENCY, FACILITY OR INDIVIDUAL

7919 Independence Blvd.

MAILING ADDRESS

Baton Rouge,

LA

70806

CITY

STATE

ZIP CODE

ESU Command Technician

AGENCY, FACILITY AUTHORIZED REPRESENTATIVE OR INDIVIDUAL

Captain Christopher Adams

SIGNATURE OF AUTHORIZED REPRESENTATIVE/INDIVIDUAL

(225) 925-4893 Ext. 215

AGENCY, FACILITY OR INDIVIDUAL PHONE NUMBER

ExplosivesControl@la.gov

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.

DPSSP 6696 (TESS)

Revised 2/7/2022