



EXPLOSIVE HANDLERS APPLICATION
 Alaska Department of Labor and Workforce Development
 Mechanical Inspection
 3301 Eagle Street, #302
 Anchorage, Alaska 99503-4149
 Anchorage (907) 269-4925

INITIAL EXPLOSIVE HANDLERS APPLICATION FEE \$150.00

Certificate of Fitness Number	Drivers License Number
Name (Last, First, MI)	Phone Number Social Security Number ()
Address	Date of Birth (month, day, year)
City /State/Zip	Weight Height (feet, inches)

US Citizen YES / NO If naturalized, give date and place _____

If not, state nationality _____

Are you addicted to narcotics, intoxicants or similar drugs (circle one)? YES / NO

Do you have any disabilities? YES / NO If yes, please explain below:

Have you ever been refused an Explosive Handler's license or certificate in any state or jurisdiction, or had one revoked?
 YES / NO

PLEASE NOTE: One (1) complete fingerprint card and a \$54 fee for the State and Federal background check must be presented at the time of application. Prior to issuance of license you must complete a 32 hour training course from a State of Alaska approved training provider.

Alaska Statutes require at least six months experience working in the State of Alaska, with a Licensed Explosive Handler, as a Chucktender, Driller, or Powder Handler's Helper, in order to qualify for the Certificate of Fitness. List below the employment during which you obtained the experience. **DO NOT INCLUDE MILITARY ORDINANCE WORK.**

NOTE: THIS INFORMATION WILL BE VERIFIED, GIVE ACCURATE ADDRESSES.

Date of Employment	Position Held	Employer's Name and Address

FELONY CONVICTIONS: Federal Regulations [G Chapter 40 section 842 (l) (1)] prohibits anyone who is under indictment, or has been convicted of a felony from receiving, obtaining, or using explosives. If you have been convicted of a felony read the following information.

The Alaska Department of Labor will process your application for an Explosive Handler's certificate of fitness when you show proof you have been granted relief from disability by the Bureau of Alcohol, Tobacco and Firearms. {18 USC 845(b)} You may apply for relief from disability at the US Treasury Department, 222 W 7th Ave. Box 39, Anchorage, Alaska 99513.

If you have not been convicted of a felony, read and sign the following statement.

I AM NOT UNDER INDICTMENT FOR, NOR HAVE I EVER BEEN CONVICTED OF A FELONY.

Signature _____ Date _____

Revocation of Certificate of Fitness: The Department may revoke a certificate for cause. Cause includes furnishing false information to the Department in any manner relating to the use of explosives.

I AUTHORIZE THE DEPARTMENT OF LABOR TO INVESTIGATE MY EMPLOYMENT AND PERSONAL HISTORY.
 I CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT.

Signature _____ Date _____



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VERIFIER / APPLICANT INFORMATION

To: (Employer)	For: (Applicant) Last, First, MI
	Social Security Number:

Notarized verification of qualifications is required for licensing with the State of Alaska. Your prompt return of this form to the applicant, filled out as completely as possible with notary completed, will expedite the disposition of this application and will be appreciated. Thank you for your assistance.

VERIFICATION OF EXPERIENCE

SELF-VERIFICATION IS NOT ACCEPTABLE

I certify I have personally known the applicant from _____ to _____ and have direct knowledge the applicant was employed as follows: _____

I certify that the foregoing statements are true and correct.

Signature of Employer _____ Firm Name _____

Address _____ City/State _____

Zip _____ Phone _____ Fax Number _____

The verifier must complete the bottom of the verification form detailing the applicant's number of months/years performed in the category applicant is applying for.

APPLICANT'S MONTHS/YEARS OF EXPERIENCE

Chucktender
Powderman's Helper
Drilling

Does the applicant have any mental or physical disability or handicaps that could affect his/her safe handling and use of explosives? If yes please explain:

NOTARY PUBLIC

Signed and sworn before me this _____ day of _____

Notary Public _____

My Commission Expires _____

This space below reserved for Notarial stamp