

# **Explosive License Application**

Please note the following changes as of 04/22/09;

- i) Each application must be accompanied by a separate check.
- ii) For Magazine renewal purposes, the old Magazine number must be included on page 2 of the application.

Also, please note that two (2) fingerprint cards must be attached.

Please destroy any prior application and instructions.

## Instructions For Completing Explosive License Application

**INCOMPLETE APPLICATIONS WILL BE DENIED. ALL FUNDS NON-REFUNDABLE.**  
 Please type or print all information. All information is required unless specifically labeled as optional.

<b>I.A</b>	Applicant Name	Legal Name - First, Middle, Last
	Race	Check one block
	Sex	Check one block
	Date of Birth	mm/dd/yy ie: 01/29/51
	Place of Birth	City State Country
	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	Your home's number, street and apartment
	City	City
	State	State Abbreviation ie: LA
	Zip Code	ZIP
	<b>I.B</b>	Do any disqualification criteria pertain to you. Check the list of disqualification criteria. If it applies to you, your license will be denied. (see Disqualification Criteria sheet)
Arrest Date		dd/mm/yy ie: 02/16/74
Charge		Violation or crime accused
Arresting or Charging Agency		Police department or prosecutors office
Disposition		Present disposition ie: awaiting trial, expunged, reduced.
<b>note:</b> If charges dropped or reduced, attach documentation. Show all charges even if from the same arrest		
<b>I.C</b>	Federal Explosive License	License number issued by BATF
	Other Valid Explosive Licenses	Any explosive license or permits issued you by another governmental agency
	Read / Write English Language	Check one block
	Initial Explosive Training Date	Date Initial Training received mm/dd/yy ie:05/18/85 <b>ATTACH CERTIFICATE</b>
	Instructor / Expl Lic #	Name of Instructor of Initial Training and Instructor's LA Explosive License Number
	Annual Explosive Training Date	Date Annual Training received mm/dd/yy ie:11/21/06 <b>ATTACH CERTIFICATE</b>
	Instructor / Expl Lic #	Name of Instructor of Annual Training and Instructor's LA Explosive License Number
	Drug Screen Completed Date	Date of required annual drug screen mm/dd/yy ie: 11/16/08
Drug Screener	Screening Company Name	
<b>II</b>	Company Federal Explosive License	License number issued to company by BATF
	Company Name	Name company does business as
	Company Mailing Address	Address for company's mail service
	City	City
	State	State Abbreviation ie: LA
	Zip Code	ZIP
	Company Physical Address	Where the company is physically located ie: 123 Main St
	City	City
	State	State Abbreviation ie: LA
	Zip Code	ZIP
	Company Representative's Title	Job Title ie: President, Senior Blaster, etc
	Company Representative Name	First, MI, Last
	Company Representative Address	Leave blank if same as company address
	City	City
	State	State Abbreviation ie: LA
	Zip Code	ZIP
	Company Telephone Number	Area code and phone number
	Facsimile Number	Area code and phone number
	Company Explosives Use(s)	Check all that apply
	New or Renewal	Renewal if replacing an expiring license at the same company.
Type of License	Check the type of license corresponding with the number of years the license is desired.	
Check or MO Amount	The total amount of the check or money order attached to this application	
Check or MO Number	The number of the check or money order attached to this application	
<b>NOTE: Each application must be accompanied by a separate check. One check for multiple applications will not be accepted</b>		
Signatures and dates	Company representative AND applicant must sign application. Applications unsigned by either will be denied. Date entered will be the date signed.	

**ATTACH COPY OF TRAINING CERTIFICATES AND FINGERPRINT CARDS TO APPLICATION**

## Disqualification Criteria

### Excerpts from Louisiana Revised Statute 40:1472.3E(2)

To qualify for a license, an applicant shall:

- (e) Not be ineligible to possess an explosive license by virtue of having been convicted of a felony.
- (f) Not have been committed, either voluntarily or involuntarily, for the abuse of a controlled dangerous substance, as defined by R.S. 40:961 and 964, or been found guilty of or entered a plea of nolo contendere to a misdemeanor under the laws of any other state relating to a controlled dangerous substance within a five-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.
- (g) Not have entered a plea of guilty or nolo contendere to or have been found guilty of a crime of violence as defined in R.S. 14:2 at the misdemeanor level, unless five years have elapsed since completion of sentence or any other conditions set by the court have been fulfilled, or unless the conviction was set aside and the prosecution dismissed prior to the date on which the application is submitted.
- (h) Not have been convicted of, have entered a plea of guilty or nolo contendere to, or not be charged under indictment or a bill of information for any crime of violence or any crime punishable by imprisonment for a term of one year or greater. A conviction, plea of guilty, or plea of nolo contendere for the purposes of this Paragraph shall include a dismissal and conviction set aside under the provisions of Code of Criminal Procedure Article 893.
- (i) Not be a fugitive from justice.
- (j) Not be a person whose prior activities, arrest or arrests, criminal record, reputation, habits, and associations pose a threat to public safety.
- (k) Not be an unlawful user of or addicted to marijuana, depressants, stimulants, or narcotic drugs.
- (l) Not have been adjudicated to be mentally deficient or been committed to a mental institution.
- (m) Be a legal resident of the United States
- (n) Not have 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". In the case of commissioned officers and warrant officers of the United States Armed Forces, the punishment of "Dismissal" rendered subject to a verdict of "guilty" at a trial by military court-martial is deemed to be disqualifying under this Paragraph. For the purposes of this Subparagraph, the United States Coast Guard is considered an armed force.
- (o) Not have a history of engaging in violent behavior. There shall be a rebuttable presumption that an applicant has a history of engaging in violent behavior upon proof that, within a ten-year period immediately preceding the date of the application, the applicant has been arrested or charged on three or more occasions for any crime of violence as defined in R.S. 14:2(B), or has been arrested or charged on two or more occasions for any crime of violence that may be punishable by death.

### LA R.S. 14:2(B)

"Crime of violence" means an offense that has, as an element, the use, attempted use, or threatened use of physical force against the person or property of another, and that, by its very nature, involves a substantial risk that physical force against the person or property of another may be used in the course of committing the offense or an offense that involves the possession or use of a dangerous weapon. The following enumerated offenses and attempts to commit any of them are included as "crimes of violence".

- |   |   |
|---|---|
| (1) Solicitation for murder                 | (22) First degree robbery                                 |
| (2) First degree murder                     | (23) Simple robbery                                       |
| (3) Second degree murder                    | (24) Purse snatching                                      |
| (4) Manslaughter                            | (25) Extortion  |
| (5) Aggravated battery                      | (26) Assault by drive-by shooting                         |
| (6) Second degree battery                   | (27) Aggravated crime against nature                      |
| (7) Aggravated assault                      | (28) Carjacking   |
| (8) Mingling harmful substances             | (29) Illegal use of weapon or dangerous instrumentalities |
| (9) Aggravated rape                         | (30) Terrorism  |
| (10) Forcible rape                          | (31) Aggravated second degree battery                     |
| (11) Simple rape                            | (32) Aggravated assault upon peace officer with a firearm |
| (12) Sexual battery                         | (33) Aggravated assault with a firearm                    |
| (13) Second degree sexual battery           | (34) Armed robbery; use of firearm; additional penalty    |
| (14) Intentional exposure to AIDS virus     | (35) Second degree robbery                                |
| (15) Aggravated kidnapping                  | (36) Disarming of a peace officer                         |
| (16) Second degree kidnapping               | (37) Stalking   |
| (17) Simple kidnapping                      | (38) Second degree cruelty to juveniles                   |
| (18) Aggravated arson                       | (39) Aggravated flight from an officer                    |
| (19) Aggravated criminal damage to property | (40) Aggravated incest                                    |
| (20) Aggravated burglary                    | (41) Battery of a police officer                          |
| (21) Armed robbery                          |   |

**Louisiana Department of Public Safety  
Office of State Police  
Explosive License Application**

*Incomplete applications will be denied* *Attach 2 fingerprint cards*  
*Must be typed or printed* *Attach training certificates*

<b>I.A APPLICANT DATA</b>		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:		
Residence Address:							
City:					State:	ZIP:	

<b>I.B (See Disqualification Criteria sheet)</b>	YES; Complete Section I.B
<b>Have you ever been charged or convicted of a crime listed on attached instructions?</b>	NO; Skip to Section I.C

Arrest Date:	Charge:				
Arresting or Charging Agency:			Disposition:		
Arrest Date:	Charge:				
Arresting or Charging Agency:			Disposition:		
Arrest Date:	Charge:				
Arresting or Charging Agency:			Disposition:		

<b>I.C</b>	Federal Explosive License:			Other Explosive Licenses:		
Read Write English:	<input type="checkbox"/> YES	<input type="checkbox"/> NO				
Initial Explosive Training Date:			Instructor:			Expl Lic #
Annual Explosive Training Date:			Instructor:			Expl Lic #
Drug Screen Completed Date:			Drug Screener:			

<b>II. COMPANY DATA</b>	Company Federal Explosive License:					
Company Name:						
Company Mailing Address:						
City:					State:	ZIP:
Company Physical Address:						
City:					State:	ZIP:
Company Representative Title:			Name:			
Company Representative Address:						
City:					State:	ZIP:
Company Telephone Number:				Fax Number:		

<i>Company Explosives Use(s): Check all that apply</i>									
	Agriculture	Demolition	Oil Field	Pyrotechnic	Seismic	Special Effects	Other		
	NEW	RENEWAL	1 Year	2 Year	3 Year	Make Check or Money Order Payable to: <b>Department of Public Safety</b> All Funds non-refundable One application per check			
Manufacturer			\$200.00	\$400.00	\$550.00				
Dealer-Distributor			\$200.00	\$400.00	\$550.00				
User			\$100.00	\$200.00	\$250.00				
Blaster			\$50.00	\$125.00	\$200.00			Check or MO Amount:	
Handler			\$50.00	\$100.00	\$125.00			Check or MO Number:	
Magazine; <b>page 2 required</b>			\$50.00						

Pursuant to Louisiana Revised Statutes 40:1472.1 through 40:1471.19, application is hereby made for an explosive license.  
 The answers to the above and foregoing application are true and complete. I understand that the furnishing of, or any false or misleading answer to any of the above questions and or the obtaining of explosives under false statement, pretense, or identification, makes me subject to punishment by fine and or imprisonment. It is understood that this license is not transferable and I agree that upon any change of employment status, ownership or location of explosives, that I shall notify the Department of Public Safety, Office of State Police, Emergency Services Unit, at (225) 925-6113, promptly of such change.

**I / We, am / are familiar with the requirements of the Louisiana Department of Public Safety regulations governing explosives and I / we will comply with the provisions of these regulations.**

Company Representative Signature:			Date:	
Applicant Signature:			Date:	

*Signature above authorizes access to personal information necessary to conduct background investigation of applicant*

**Louisiana Department of Public Safety  
Office of State Police  
Explosive License Application**

\*Please **type or print** \*\*All explosive licenses will expire on the last day of the month, ONE YEAR, from the date of issue.

**IV. MAGAZINE DATA:**

Storage Type (check one):  Type 1  Type 2  Type 4  Type 5

Magazine Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ Parish: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

GPS Coordinates Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

**For renewal purposes include old magazine number:** \_\_\_\_\_

Written directions to magazine location:

*Use for explosives stored: (Check all that apply)*

Agriculture  Demolition  Oil Field  Pyrotechnic  Special Effects  Seismic  Other

*Please illustrate physical directions to the magazine **OR** attach a map no larger than 8.5 x 11*

*Hand drawn illustrations are acceptable*

Company Representative Signature:		Date:	
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Applicant Signature:		Date:	
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