



# SAN DIEGO COUNTY SHERIFF'S OFFICE

## LICENSING DIVISION

9621 Ridgeway Court, PO Box 939062  
San Diego, CA 92193-9062



### EXPLOSIVES HANDLER/BLASTERS ID APPLICATION

- ☐ EXPLOSIVES COMPANY HANDLER/BLASTER  
☐ BLASTER (SELF-EMPLOYED)

FILE # \_\_\_\_\_

PRINT OR TYPE ONLY

#### **YOU ARE REQUIRED TO SUBMIT THE FOLLOWING ITEMS WITH YOUR APPLICATION**

- [ ] State COE  
[ ] Cal-OSHA Blasters License  
[ ] Two (2) 1"x1" photos  
[ ] California Driver License or Identification Card  
[ ] Signed application by employer (if handler employed by an Explosives Company)  
[ ] Release and Waiver  
[ ] Other

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

All Other Names Used: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_ Phone \_\_\_\_\_

Place of Birth \_\_\_\_\_ Driver's License # \_\_\_\_\_ SSN# \_\_\_\_\_

Residence Address: \_\_\_\_\_

Number Street

City

State

Zip Code

HAVE YOU BEEN CONVICTED OF A FELONY? ☐ Yes ☐ No

ARE YOU A REGISTERED SEX OFFENDER? ☐ Yes ☐ No

HAVE YOU EVER BEEN COMMITTED TO A MENTAL HOSPITAL? ☐ Yes ☐ No

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **IN CASE OF EMERGENCY NOTIFY:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

#### **TO BE COMPLETED BY EXPLOSIVES COMPANY EMPLOYER (For Handlers Only)**

Sheriff's Permit # \_\_\_\_\_

Employer/Explosives Company: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I REQUEST THE ABOVE HANDLER BE APPROVED TO: ☐ RECEIVE ☐ TRANSPORT ☐ USE

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **SHERIFF'S OFFICE USE ONLY:**

Application Received By: \_\_\_\_\_ Date: \_\_\_\_\_

☐ APPROVED Date: \_\_\_\_\_ Expires On: \_\_\_\_\_

☐ DISAPPROVED Date: \_\_\_\_\_ Reason: \_\_\_\_\_

DEPUTY: \_\_\_\_\_