



SAN DIEGO COUNTY SHERIFF DEPARTMENT

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 DEPARTMENT USE ONLY:

Application Received By: _____ Date: _____

☐ APPROVED Date: _____ Expires On: _____

☐ DISAPPROVED Date: _____ Reason: _____

DEPUTY: _____