



RENEWAL - EXPLOSIVE HANDLER
 Alaska Department of Labor and Workforce Development
 Mechanical Inspection
 1251 Muldoon Road, Suite 113
 Anchorage, AK 99504
 (907) 269-4963

APPLICANT INFORMATION

<i>Certificate of Fitness Number</i>	<i>Driver's License Number</i>
<i>Name (Last, First, MI)</i>	<i>Date of Birth (month, day, year)</i> <i>Phone Number</i>
<i>Mailing Address</i>	<i>Social Security Number</i>
<i>City/State/Zip</i>	<i>Weight / Height (Feet, Inches)</i>

TYPE OF APPLICATION

<input type="checkbox"/> <i>Explosive Handler - Background Check</i> \$49.75	INCLUDE 1 FINGERPRINT CARD
<input type="checkbox"/> <i>Explosive Handler – RENEWAL FEE</i> \$150.00	<i>Fee due after Background check returned</i>
<input type="checkbox"/> <i>Explosive Handler – DUPLICATE</i> \$25.00	

Prior to Issuance of license you must provide proof of an eight (8) hour refresher course

PREVIOUS LICENSES

Do you now hold, or have you ever held an equivalent license in any other state, borough, parish, Municipality or other Political subdivision? YES or NO *Did you obtain this license by testing? YES or NO*

<i>License Type</i>	<i>License Number</i>
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Please Note: By signature below you acknowledge that a renewal of the Explosive Handler Certificate of Fitness will require a State and FBI Background check. Your fingerprint card and the fee of \$51.50 will be submitted to State of Alaska, Dept. of Public Safety and to the FBI for processing. The results will become part of the permanent file and will be safeguarded in compliance with applicable Federal and State Law.

 IF A DISAPPROVED OR PENDING APPLICATION HAS NO ACTION FOR ONE YEAR, REGARDLESS OF THE REASON, THE FILE WILL BE DESTROYED AND THE APPLICANT MUST REAPPLY AND PAY FEES.

THEREFORE I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION SUPPLIED ABOVE IS TRUE AND ACCURATE. (AS 09.065.012) I HAVE READ THIS APPLICATION AND UNDERSTAND THE STATEMENTS HEREIN.

Date _____ City _____ Your Signature _____

OFFICIAL STATE USE ONLY

APPROVED DENIED INCOMPLETE PENDING

Signature _____ Date _____