



EXPLOSIVE HANDLER CERTIFICATE OF FITNESS APPLICATION

Alaska Department of Labor and Workforce Development
Mechanical Inspection
1251 Muldoon Road, Suite 113
Anchorage, Alaska 99504
(907) 269-4929

APPLICANT INFORMATION (PLEASE PRINT)

Form with fields for Certificate of Fitness Number, Drivers License Number, Name, Phone Number, Social Security Number, Address, Date of Birth, City/State/Zip, Weight, and Height.

1. US Citizen YES or NO
If naturalized, date and place Nationality
2. Are you addicted to narcotics, intoxicants or similar drugs? YES or NO
3. Do you have any physical disabilities? YES or NO
4. Have you ever been refused or had revoked an Explosive Handler's license or certificate in any state or jurisdiction? YES or NO If yes, provide the following: Issuing Jurisdiction License Type License Number

***If you answered yes to 2 or 3 above, attach an explanation on a separate sheet.
PLEASE NOTE: Prior to issuance of INITIAL license applicants must complete a 32 hour training course that satisfies the requirements of 8 AAC 62.059, and pass the State of Alaska exam with a score of 75 percent or better. Applicants must have at least six months experience working in the State of Alaska while assisting a Licensed Explosive Handler as a Chucktender, Driller, or Powder Handler's Helper to qualify for the Certificate of Fitness. Include a completed experience verification at the time of application. MILITARY ORDINANCE WORK DOES NOT QUALIFY AS EXPERIENCE. For RENEWAL licenses require proof of an 8 hour refresher course.

Explosive Handler - Background Check \$48.25 INCLUDE ONE FINGERPRINT CARD
Explosive Handler - Licensing Fee \$150.00 Fee due after Background Check is completed
Explosive Handler - Duplicate License Fee \$25.00

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 the following statement and sign below:

By signing below you acknowledge that applying for an Explosive Handler Certificate of Fitness will require a State and FBI Background check, your employment and personal history investigated. Your fingerprint card and the fee of \$48.25 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. To challenge the accuracy of the information contained in the FBI Identification Record see Title 28, C.F.R.,16.34. In the event an unfavorable report is returned you will be notified in writing and given sufficient time to contest and correct the findings.

I certify under penalty of perjury that the information on this application is true and correct (AS 09.065.012). I understand the Department may revoke a certificate for cause. Cause includes: Furnishing false information to the Department in a manner relating to the use of explosives. I certify that I am not under indictment for, nor have I ever been convicted of a felony.

Applicant Signature Date

APPROVED DENIED INCOMPLETE PENDING

Approval Signature Date rev 9/19



EXPLOSIVE HANDLER VERIFICATION OF EXPERIENCE FOR INITIAL APPLICATION
 Alaska Department of Labor & Workforce Development
 Mechanical Inspection
 1251 Muldoon Rd., Suite 113
 Anchorage, Alaska 99504
 (907) 269-4929

VERIFIER / APPLICANT INFORMATION

To: (Employer)	For: (Applicant) Last, First, MI
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Notarized verification of qualifications is required for licensing with the State of Alaska. Your prompt return of this **original** form to the applicant, filled out as completely as possible with notary completed, will expedite the disposition of his or her 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 _____ Print Name _____
 Address _____ City/State _____
 Zip _____ Phone _____ Firm Name _____

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 disabilities or handicaps that, in your opinion, 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