



Department of
**Commerce &
Insurance**

500 James Robertson Parkway, 10th Floor
Nashville, TN 37243
Tel: 615-741-2981
<http://www.tn.gov/commerce/>

FOR OFFICE USE ONLY

LICENSE TYPE
TRANSACTION TYPE
FILE NUMBER _____
ENTITY NUMBER _____
APPLICATION NUMBER _____
AMOUNT PAID _____

Name
Street Address
City, TN Zip

Date:

Firm on File:

REGISTRATION RENEWAL NOTICE

EXPLOSIVES CLASSIFICATION: BLASTER

THIS IS THE ONLY RENEWAL NOTICE YOU WILL RECEIVE.

Failure to complete each step outlined below will result in delayed processing and possible expiration of your registration. This form is to be used for renewals only. New applicants must submit a separate application form.

<p>RENEW ONLINE AT https://core.tn.gov OR MAIL THE RENEWAL FORM AND PAYMENT AT LEAST TWENTY ONE (21) BUSINESS DAYS IN ADVANCE OF THE EXPIRATION DATE. RENEWALS RECEIVED AFTER THE EXPIRATION DATE WILL BE SUBJECT TO A LATE FEE OF \$25. IF NOT RENEWED WITHIN ONE YEAR OF THE EXPIRATION DATE, THE REGISTRATION WILL EXPIRE.</p>	
Expiration Date:	Renewal Fee: \$ 300.00 If submitted up to one year after the expiration date: \$325.00
<p>Step 1: If your mailing address has changed, enter it in the space below:</p>	<p>Step 3: Complete the questionnaire on the back of this form in its entirety and submit an explanation, if applicable.</p>
<p>_____</p>	
<p>Phone #:</p>	<p>Step 4: Verify the required 16 hours of continuing education have been taken for this renewal cycle.</p>
<p>E-mail:</p>	
<p>Step 2: If your firm is not the one listed above, fill out your firm's name and file number in the space below.</p>	
<p>Firm Name:</p>	<p>Step 6: Mail this form with a check made payable to the Department of Commerce and Insurance.</p>
<p>Firm TN Registration Number:</p>	

EXPLOSIVE'S USERS QUESTIONNAIRE

The personal information requested on this form is required of all individuals who engage in any phase of blasting operations pursuant to Tennessee Code Annotated Title 68, Chapter 105.

Have you been convicted of a crime punishable by imprisonment for a term exceeding one (1) year?
 Yes No

If there has been such a conviction, please attach an explanation. Include 1) Date, 2) Charge, 3) Place, 4) Court, and 5) Action Taken.

Do you suffer from a mental or physical impairment that would interfere with the safe handling of explosives?
 Yes No If yes, please attach an explanation.

I hereby certify I have read and understand the provisions of law relating to the Explosives program. This application is made in good faith, and the answers and statements made herein are full, correct and true to the best of my knowledge. I understand that any and all information here in required by the Explosives program is considered part of my application. I am aware that if I violate any explosives law or regulation, or if I have violated or have been charged with, or convicted of any explosives law or regulation previously, this may result in the denial or revocation of my blaster's/limited blaster's/handler's certificate.

Signature

Date

FEDERAL PERMIT NUMBER

**Enter your federal
permit number:** _____