



BEXAR COUNTY FIRE MARSHAL'S OFFICE
622 DOLOROSA SAN ANTONIO, TX 78207-4535 (210) 335-0300
APPLICATION FOR EXPLOSIVES PERMIT



DATE OF APPLICATION:	CURRENT PERMIT NO. <i>(if applicable)</i> :

SELECT TYPE OF PERMIT NEEDED			
<input type="checkbox"/> BLASTER LICENSE (Complete sections A & B)	<input type="checkbox"/> Basic Fee: \$200.00 <input type="checkbox"/> Intermediate Fee: \$250.00 <input type="checkbox"/> Advanced Fee: \$300.00 <i>Valid for 1 Year</i>	<input type="checkbox"/> EXCAVATION PERMIT (includes swimming pool excavations, utility installation, site leveling, and all short term blasting) (Complete sections B & C)	Fee: \$200.00 <i>Valid for 60 days</i>
<input type="checkbox"/> QUARRY OPERATION (Complete sections B & C)	Fee: \$500.00 <i>Valid for 1 Year</i>	<input type="checkbox"/> EXPLOSIVE STORAGE (Complete sections B & C)	Fee: \$250.00 <i>Valid for 1 Year</i>
<input type="checkbox"/> PYROTECHNICS (Complete sections A, B, & C)	Fee: \$100.00 <i>Per Event</i>	<input type="checkbox"/> SPECIAL STORAGE (Prohibited classes) (Complete sections B & C)	Fee: \$500.00 <i>Valid for 1 Year</i>
<input type="checkbox"/> SPECIAL USE	<i>Valid for 90 days – Fee: \$200.00</i>	<input type="checkbox"/> DUPLICATE PERMIT REQUESTS	Fee: \$25.00

SECTION A – Blaster Permit. This section applies only to those individuals applying for a permit to conduct blasting operations within jurisdiction. All questions must be answered.

First Name	Last Name	M.I.	Social Security No.
Business Name	Business Address	City, State	Zip Code
Home Phone	Business Phone	Fax No.	
()	()	()	
Drivers License No.	State	Date of Birth	Desired Effective Date

	YES	NO
1. Have you ever been convicted of a felony?		
2. Are you now or have you ever been addicted to alcohol, narcotics, or dangerous drugs?		
3. Have you ever been institutionalized for a mental condition?		
4. Have you been denied a permit/license, in any jurisdiction, to blast? If YES, explain on a separate sheet of paper.		
5. Have you ever had a blasting permit, in any jurisdiction, revoked or suspended? If YES, explain on a separate sheet of paper.		

OFFICE USE ONLY				
DATE PAID:	PERMIT FEE:	CHECK/MO#:	RECEIPT#:	RECV'D BY:

SECTION A – Blaster Permit (Continued)

WORK HISTORY

Years of experience in blasting: _____

Do you currently hold a permit or license in any other jurisdiction? _____

If Yes: Permit/License No.: _____ Issuing Authority: _____

Please list any pertinent training related to blasting/demolition work. _____

SECTION B – Required for all Permits

LIST THREE REFERENCES

Name	Address	Home Phone	Business Phone
		()	()
Name	Address	Home Phone	Business Phone
		()	()
Name	Address	Home Phone	Business Phone
		()	()

SECTION C – Quarry, Storage, & Site Permits

AGENT MAKING APPLICATION

Business Name	Address	City, State	Zip Code
Agent Name	Business Phone	Fax No.	Desired Effective Date
	()	()	

LOCATION OF WORK TO BE DONE

Name	Address			
Subdivision (if applicable)	City, State	Zip Code	Phone No.	Map Grid (Office use only)
			()	

DESCRIPTION OF WORK TO BE DONE

I declare under the penalty of perjury that this application, including any documents submitted in support thereof, has been examined by me and, to the best of my knowledge and belief, is true, correct, and complete.

Signature

Date

OFFICE USE ONLY:

Date Reference Check completed: _____

Date Background Check completed: _____

Documents Attached: YES NO

Written Test Scheduled for: _____

Practical Evaluation Scheduled for: _____

Written Test (*circle one*): PASS FAIL

Practical Evaluation (*circle one*): PASS FAIL

Recommend Permit Approval (*circle one*): YES NO

Investigator/Inspector

Date

APPROVED: _____
BEXAR COUNTY FIRE MARSHAL

DENIED: _____
BEXAR COUNTY FIRE MARSHAL

APPEAL PROCESS: WITHIN TEN DAYS OF REFUSAL OF AN EXPLOSIVE PERMIT OR SUSPENSION OR REVOCATION OF SUCH PERMIT, AN APPLICANT MAY APPEAL SUCH DECISION BY FILING WRITTEN NOTICE OF APPEAL WITH THE BEXAR COUNTY COMMISSIONERS COURT. ABSENT A TIMELY WRITTEN NOTICE OF APPEAL, THE DECISION OF THE FIRE MARSHAL IS FINAL SUBJECT TO ENFORCEMENT.