

Iowa State Fire Marshal Division
Attn: SFM Licensing Administration
215 East Seventh Street
Des Moines, IA 50319
sfmlicense@dps.state.ia.us



COMMERCIAL EXPLOSIVE BLASTER LICENSE WORK EXPERIENCE – AFFIDAVIT

AFFIDAVIT: Employer, Supervisor, Co-Worker, or Powder Company Representative verifying the experience of the applicant with a minimum of 640 hours of professional job experience.

The following information must be completed by and pertain to the individual verifying the experience of the applicant.

EMPLOYER REPRESENTATIVE NAME:

MAILING ADDRESS:

CITY, STATE, ZIP CODE:

COMPANY EMPLOYED BY:

POSITION OR TITLE:

WORK PHONE NUMBER:

Answer the following questions regarding your knowledge of the applicant's experience.

1. Have you employed or supervised the applicant? Yes No
If yes, when? How long?
2. Have you worked with the applicant on a blasting operation? Yes No
If yes, when? How long?
3. If you answered "No" to both questions, how did you obtain knowledge of the applicant's qualifications?
4. Can you verify the applicant has actual field experience on a blasting operation where they were engaged in activities such as drilling, loading, wiring, and detonation of explosives? Yes No

THIS IS TO CERTIFY THAT, PRIOR TO THE DATE OF THE ATTACHED APPLICATION, I PERSONALLY KNOW THAT _____ HAS HAD AT LEAST _____ YEARS AND _____ MONTHS OF DAY-TO-DAY, HANDS-ON, PRACTICAL EXPERIENCE IN BLASTING UNDER THE DIRECT SUPERVISION OF AN EXPERIENCED BLASTER.

Subscribed and sworn to, before me, by _____
Signature of Employer, Supervisor, Co-Worker, or Powder Company Representative

This _____ day of _____, 20 _____

NOTARY SIGNATURE: _____

(Notary Seal)

NOTARY PUBLIC: _____, _____
County State

My Commission Expires: _____

RETURN ALL FORMS TO THE ADDRESS ABOVE