

Iowa State Fire Marshal Division  
Attn: SFM Licensing Administration  
215 East Seventh Street  
Des Moines, IA 50319  
[sfmlicense@dps.state.ia.us](mailto: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 since being issued their Iowa Commercial Explosives Blaster license..

**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 \_\_\_\_\_ HOURS OF DAY-TO-DAY, HANDS-ON, PRACTICAL EXPERIENCE IN BLASTING UNDER THE DIRECT SUPERVISION OF AN EXPERIENCED BLASTER SINCE THEIR IOWA COMMERCIAL EXPLOSIVES BLASTER LICENSE WAS ISSUED.

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