

TOWN OF WAPPINGER



OFFICE OF THE FIRE INSPECTOR
845.297.1373.Ext:127
Fax: 845.297.0579

APPLICATION FOR BLASTER'S LICENSE

The undersigned hereby applies for a blaster's license pursuant to the Ordinance of the Town of Wappinger regulating the **use of explosives** and blasting in the Town of Wappinger:

1. Applicant: _____
 - a. Name: _____
 - b. Residence: _____
 - Length of time: _____
 - c. Prior Residence: _____
 - Length of time: _____
 - d. Business Address: _____
 - e. Business telephone number: _____ / email: _____
 - f. Residence telephone number: _____
 - g. If doing business under assumed name, please give name of business and when and where certificate of doing business as such was filed. _____
 - h. Name of address of bank where checking account is maintained. _____
 - i. References, if any _____
2. The nature of applicant's business _____
3. Have you ever been convicted of a felony or misdemeanor in any Court of the United States of the State of New York or in ANY Court of competent jurisdiction: YES NO
If yes, please list types of convictions, where and dates: _____
4. Applicant has a license issued by the Department of Labor and such license number is as follows _____

5. Applicant furnishes evidence in the form of a Certificate of Insurance issued by an Insurance Company authorized to do business in the State of New York providing bodily coverage in limits of not less than \$500,000.00 to \$1,000,000.00 and for property damage in limits of not less than \$250,000 and said Certificate or policy shall provide that the Town will be held harmless from any and all claims, actions and proceedings which may be brought against it by any person, firm or corporation for injuries to person or damage to property resulting from or occasioned by such blasting operations. Such policy shall contain a provision that it not be cancelled, terminated, modified or changed by the Insurance Company issuing it unless at least ten (10) days prior written notice of such cancellation, termination, modification or change is sent to the Town Clerk by registered mail. Such certification is attached hereto and made a part of this application.

The Certificate Number is: _____
The name of the Insurance Company is: _____
The date of issuance is: _____
The name of the Insurance Agent is: _____

6. Applicant has read the Blasting Ordinance of the Town of Wappinger, as amended, and the State of New York, Department of Labor, Board of Standards and Appeals regarding position, handling, storage, transportation, and use of explosives and hereby agrees to comply in all respects with the same.

Applicant

Location's _____:

Date Requested: _____

(Extensions must be requested separately and dates cannot be **be beyond fifteen** (15) days of original submission).

Applicants Signature: _____

SWORN TO BEFORE ME THIS _____ DAY OF _____ 20__

NOTARY PUBLIC

STAMP/SEAL:

APPLICATION DATE: _____

Received by: _____

Fee: _____ Paid on: _____ Check# _____ Receipt # _____

APPROVED DENIED Signature:

- Fire inspector and/or Building Inspector