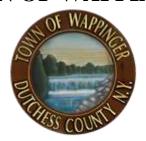
## **TOWN OF WAPPINGER**



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 filedh. Name of address of bank where checking account is maintained			
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			

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.

Town of Wappinger Fire Inspector
Blaster's License Application
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Applicant Location's Date Requested:				
(Extensions must be requested separately original submission).	y and dates cannot be <b>be beyon</b>	<b>d fifteen</b> (15) days of		
Applicants Signature:				
SWORN TO BEFORE ME THIS	DAY OF	20		
NOTARY PUBLIC				
STAMP/SEAL:				
APPLICATION DATE:				
Received by:				
Fee: Paid on:				
APPROVED DENIED				
- Fire inspector and/or Building Inspector				