



# APPLICATION FOR REGULATED EXPLOSIVE USE OPERATOR LICENSE (675 IAC 26-2-4)

State Form 52489 (R2 / 11-10)

Approved by State Board of Accounts, 2010

**INDIANA DEPARTMENT OF HOMELAND SECURITY  
REGISTRATION AND CERTIFICATION**  
302 West Washington Street, Room E239  
Indianapolis, IN 46204  
Telephone: (317) 233-0208  
Toll-free: 1-800-666-7784  
[www.in.gov/dhs/training/certregsection.html](http://www.in.gov/dhs/training/certregsection.html)



- INSTRUCTIONS:**
1. A person / company who takes possession of a regulated explosive in the State of Indiana for the purpose of detonation under the person's direction or control must submit an application to become a licensed regulated explosive use-operator.
  2. Please type or print.
  3. This application must include payment of the license fee of \$350.00. Payment of the fee may be by credit card, check or money order payable to the Indiana Department of Homeland Security, and must accompany this application.
  4. If paying by credit card, please complete the Credit Card Payment section.
  5. Mail the completed application and payment to the Department of Homeland Security at the above address; or, if paying by credit card, you may fax it to (317) 233-0497.

Name of applicant ( <i>last, first, middle initial</i> )		
Federal identification number or last four digits of Social Security Number	Driver's license / state identification number ( <i>required</i> )	
Name of business		
Address ( <i>number and street, city, state, and ZIP code</i> )		
Telephone number (      )	Fax number (      )	E-mail address
I hereby affirm under penalty of perjury that all of the information provided with this application is true and correct.		
Signature		Date ( <i>month, day, year</i> )

<b>CREDIT CARD PAYMENT</b> <i>There will be a convenience fee of 2.25%.</i>	
Full name on credit card	Telephone number (      )
Billing address ( <i>number and street, city, state, and ZIP code</i> )	
Type of credit card <input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/> Discover	
Account number	Expiration date ( <i>month, year</i> )
CVV2 number ( <i>last three digits of the number in the signature block on the back of the card</i> )	Amount to be charged
By signing, the Card Member agrees to the obligations set forth by the Card Member's Agreement with the issuer.	
Signature	Date ( <i>month, day, year</i> )