



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

State Form 52488 (R3 / 7-2025)

**INDIANA DEPARTMENT OF HOMELAND SECURITY
REGISTRATION AND CERTIFICATION**
302 West Washington Street, Room E208
Indianapolis, IN 46204
Telephone: (317) 232-2222
<https://www.in.gov/dhs/fire-and-building-safety/fire-investigations/hazmat-and-radiation/regulated-explosives-use/>



- INSTRUCTIONS:**
1. An applicant for licensure as a licensed regulated explosive use-blaster shall submit evidence to the Department of Homeland Security that the individual has completed an approved examination or is applying for reciprocity, is twenty-one (21) years of age, has submitted the required fee and has at least one (1) year of experience in the proper use of regulated explosives.
 2. Please type or print.
 3. This application must include payment of the license fee of \$175.00. 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 via email at regulatedexplosives@dhs.in.gov.

Type of application (check one)		
<input type="checkbox"/> I am applying for certification and will be taking the examination.		
<input type="checkbox"/> I am applying for certification on the basis of reciprocity in accordance with 675 IAC 26-2-4. Attached is an original licensure document from another state or federal agency evidencing licensure under requirements that are substantially similar to the requirements of the rules of the Fire Prevention and Building Safety Commission. For purposes of reciprocity, licensure or certification by the states of Illinois, Kentucky and Ohio is deemed substantially similar.		
Name of applicant (last, first, middle initial)		
Address (number and street, city, state, and ZIP code)		
Telephone number ()	Fax number ()	E-mail address
Check all that apply:		
<input type="checkbox"/> I am 21 years of age or older. <input type="checkbox"/> I have at least one (1) year experience in the proper use of explosives.		
I hereby affirm under penalty of perjury that all of the information provided with this application is true and correct.		
Signature		Date (month, day, year)

CREDIT CARD PAYMENT <i>There will be a convenience fee of 2.25%.</i>	
Full name on credit card	Telephone number ()
Billing address (number and street, city, state, and ZIP code)	
Type of credit card	
<input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Visa	
Account number	Expiration date (month, year)
CVV2 number (last three digits of the number in the signature block on the back of the card)	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 (month, day, year)