



STATE OF HAWAII  
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
HAWAII OCCUPATIONAL SAFETY & HEALTH DIVISION  
Princess Keelikolani Building, 830 Punchbowl Street, Room 425, Honolulu, Hawaii 96813

**INSTRUCTION SHEET FOR  
APPLICATION FOR CERTIFICATE OF FITNESS (EXPLOSIVES)**

**PROCEDURES FOR NEW APPLICATIONS OR RENEWALS FOR  
BLASTERS' CERTIFICATE OF FITNESS (COF)**

**1. Who is required to obtain a Certificate of Fitness (COF)?**

- a) Any person using explosives of class A, B, or C, and pyrotechnics class C, except commercially manufactured black powder in quantities not to exceed 50 pounds, percussion caps, safety and pyrotechnic fuses, quills, quick and slow matches, and friction primers, if the black powder is intended to be used solely for sporting, recreational, or cultural purposes in antique firearms.
- b) Any person who sells/deals in explosives and blasting materials of class A, B, or C, and pyrotechnics class C.
- c) Any person who stores in a magazine, explosives and blasting materials of class A, B, or C, and pyrotechnics class C.

**2. How can I obtain information and/or an application packet?**

Call the Honolulu HIOSH office at (808) 586-9110 to request for a COF application and packet, or download an application from <http://labor.hawaii.gov/hiosh/forms/>

**3. When must the new applications be submitted?**

COMPLETED new applications must be received at the Honolulu Office before the 1st day of the month for that month's examination. Failure to submit all required information will delay the application review and the applicant will NOT be able to take the examination until all required information is submitted. Examinations for new applicants will be conducted **ONLY on the last Wednesday of each month**. Those failing the examination will NOT be able to re-take the examination until 90 days have elapsed.

**4. What are the COF requirements for new applications?**

- a) Be at least 21 years of age.
- b) Minimum of 2 years experience (and 8 displays for pyrotechnicians). Quarry operation may be considered after 1 year experience gained.
- c) Furnish 2 written references from persons who are licensed powdermen or pyrotechnic operators that have been licensed for at least one (1) year. If the reference persons are out of state, a copy of their license (front and back) is to be included.
- d) Applicants to provide resume on training, knowledge and experience with explosives or pyrotechnics. Submit your Criminal History Record Clearance from the state of your current residence.
- e) Two (2) passport photos (2X2) are required after successful completion of the examination.
- f) Time limit of two (2) hours will be given for the monitored examination. There are no oral examinations.
- g) Examination fee is \$225.00. Please make check or money order payable to: Director of Finance. Check or money order must be received at least 3 days prior to the examination date.

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## 5. Where and when is the COF examination given?

|   |   |
|---|---|
| <b>Honolulu:</b><br>830 Punchbowl St #425<br>Honolulu, HI 96813<br>Telephone: (808) 586-9110<br>Fax: (808) 586-9104 | <b>Kona:</b><br>Post Office Building #2087<br>P O Box 49<br>Kealahou, HI 96750<br>Telephone: (808) 322-4808 |
| <b>Hilo:</b><br>75 Aupuni St #108<br>Hilo, HI 96720<br>Telephone: (808) 974-6464                                    | <b>Maui:</b><br>2264 Aupuni St<br>Wailuku, HI 96793<br>Telephone: (808) 243-5322                            |

The COF examination and renewals are given 12 times a year, once a month. If you are determined to be eligible to take the examination, you will be notified by phone or postcard of the date, time and place for the examination. Be sure to notify us of your correct address and phone number. You must bring a photo ID to verify your identity or you will not be permitted to take the examination.

## 6. What are the COF requirements for annual renewals?

- a) COMPLETED renewal applications must be received at the Honolulu Office before the 1st day of the month in which you want to renew. Failure to submit all required information will delay the application review and the renewal will not be processed until all required information is submitted.
- b) Renewal fee is \$75.00. Please make check or money order payable to: Director of Budget and Finance.
- c) Submit Criminal History Record Clearance Check from your state of current residence at least six (6) weeks prior to renewal date to the address in the center of the form.
- d) Mail back your COF license so that we can attach the new expiration date sticker.

## 7. What are the additional COF requirements for renewals (every 3 years)?

- a) Two (2) passport photos (2x2) are required.
- b) Applicant to appear in person at the **Honolulu Office** to obtain a new certificate.
- c) Training certification within the previous 3 years (Refer to Section 12-58-1(k)(1), HAR).



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Princess Keelikolani Building, 830 Punchbowl Street, Room 425, Honolulu, Hawaii 96813  
**APPLICATION FOR CERTIFICATE OF FITNESS (EXPLOSIVES)**

**COMPLETE APPLICATION MUST BE TYPED OR CLEARLY PRINTED IN BLACK INK**

|   |  |
|---|--|
| Type of Application: (Check the appropriate box)<br><input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Renewal And Revision       | Certificate of Fitness Number: (For renewals only) |
| Class: (For multiple applications, check all appropriate boxes)<br><input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C |  |

**A. PERSONAL DATA**

|   |     |   |        |                           |                |
|---|-----|---|--------|---------------------------|----------------|
| Full Name of Applicant: (Enter Last, First, Middle Initial) |     | Alias(es) or former name(s), including maiden name: |        |                           |                |
| Mailing Address: Street Address or P.O. Box                 |     | City  | State  | Zip Code + 4              |                |
| Social Security Number:                                     |     | Home Phone:<br>(    )                               |        | Business Phone:<br>(    ) |                |
| Date of Birth:  | Sex | Height:   | Weight | Color of Eyes:            | Color of Hair: |
| Other Distinguishing Features:                              |     |   |        |                           |                |

**B. CITIZENSHIP (Check the appropriate boxes)**

|   |                                |
|---|--------------------------------|
| Country of Citizenship:   | m Native Born    m Naturalized |
| A. If you are not a citizen of the United States, are you illegally or unlawfully in the United States? m Yes    m No |                                |
| B. Have you ever renounced your United States citizenship? m Yes    m No  |                                |
| If "yes" to any of the above, when and explain:   |                                |

**C. EMPLOYMENT DATA**

|                            |   |
|----------------------------|---|
| Employer: (Name & Address) | Applicant's Position & Title with Employer:                             |
|                            | How long applicant has been employed in present position with employer: |

**D. EDUCATION (Attach a separate sheet if more space is required)**

| Description (High School, College, Trade School) | Diploma/Degree Attained | Year of Completion |
|--|-------------------------|--------------------|
|  |                         |                    |
|  |                         |                    |

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## E. TRAINING DATA (Attach a separate sheet if more space is required)

Indicate by date and place your experience and training with reference to the transporting, storing, handling, and use of explosives, or attach resume:

List any training classes attended within the last 3 years related to explosives, pyrotechnics, use or safety. (*Attach a photocopy of the following for all certified training: course outline, instructor's name, address, phone number, & training certificate.*)

## F. CRIMINAL HISTORY (Check the appropriate boxes)

| Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been convicted of any felony or misdemeanor anywhere in the United States punishable by jail sentence? If "yes":<br>What were you convicted of?<br>Date(s) of Conviction: |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you a fugitive from justice? If "yes", explain:   |

## G. PHYSICAL AND MENTAL CONDITIONS (Check the appropriate boxes)

Do you have any of the following, which may interfere with the performance of your duties or interfere with the use or supervision of the use of explosive materials?

| Yes                      | No                       |                              | Yes                      | No                       |            |
|--------------------------|--------------------------|------------------------------|--------------------------|--------------------------|------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Physical or Mental Condition | <input type="checkbox"/> | <input type="checkbox"/> | Defect     |
| <input type="checkbox"/> | <input type="checkbox"/> | Disease                      | <input type="checkbox"/> | <input type="checkbox"/> | Disability |
| <input type="checkbox"/> | <input type="checkbox"/> | Illness                      |                          |                          |            |

If "yes" to any of the above, explain:

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## H. SUBSTANCE USE (Check the appropriate boxes)

|  |                          |  |
|--|--------------------------|--|
| Do you use any of the following?       |                          |  |
| Yes                                    | No                       |  |
| <input type="checkbox"/>               | <input type="checkbox"/> | Non-prescribed narcotic, drug, or controlled substance?  |
| <input type="checkbox"/>               | <input type="checkbox"/> | Alcohol or any substance, to an extent which could interfere with the performance of your duties or interfere with the use or supervision of the use of explosive materials? |
| If 'yes' to any of the above, explain: |                          |  |
|  |                          |  |

## I. ORGANIZATIONS (Check the appropriate box)

|   |                          |                                     |
|---|--------------------------|-------------------------------------|
| Do you belong to any organization or group that advocates the violent overthrow of or violent action against any federal, state, or local government? |                          |                                     |
| Yes   | No                       |                                     |
| <input type="checkbox"/>  | <input type="checkbox"/> | If 'yes', please name organization: |

## J. EXAMINATION (Check the appropriate box)

|   |  |
|---|--|
| Indicate preferred location for examination:<br><input type="checkbox"/> Honolulu <input type="checkbox"/> Maui <input type="checkbox"/> Hilo<br><input type="checkbox"/> Kauai <input type="checkbox"/> Kona | Indicate preferred month for examination:<br>If not, next opening: |
|---|--|

### Total Application Fee:

(Make check payable to 'Director of Budget and Finance'. The canceled check is your receipt.)

|    |
|----|
| \$ |
|----|

### Certification:

I certify that all responses and statements made on this application for Certificate of Fitness are true and complete to the best of my knowledge and that any misrepresentation or omission is sufficient grounds for the denial or revocation of a Certificate of Fitness and punishable under the criminal laws of the State of Hawaii.

|                        |            |      |
|------------------------|------------|------|
| Signature of Applicant | Print Name | Date |
|                        |            |      |

### Return completed form and check to:

Hawaii Occupational Safety & Health Division  
Department of Labor & Industrial Relations  
830 Punchbowl Street, Room 425  
Honolulu, Hawaii 96813