

(OVER)

10. Are you a member of a group or organization which advocates violent overthrow of, or violent action against the federal, state or local government? _____
11. Have you ever been convicted of, or are you presently under indictment for a crime punishable by a term of imprisonment exceeding two years? _____
12. Are you addicted to alcohol or drugs? _____
13. Have you ever been judged as mentally incompetent? _____
14. How many continuing education hours did you receive during the last 12 months in explosives use and handling? _____
15. Was this training approved by the OSFM as meeting the criteria for license renewal? _____
16. Where was the training received or taken? _____

I certify that I have received, read and understand copies of the SC Explosives Control Act of 1986 and the Rules and Regulations promulgated under Section 8 thereof, these being codified as Subarticle 3, 71-8302 through 71-8302.8. I further certify that the information contained herein is true and correct to the best of my knowledge.

Signature of Applicant

SWORN TO BEFORE ME:

THIS _____ DAY OF _____, 20 _____

Notary Signature

MY COMMISSION EXPIRES _____