

Blasting-Related Training

Training Course	Dates	Instructor & Certification	Company & Address	Description
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

On-The-Job Training Related to Blasting

Dates	Company & Address	Instructor & Certification	Description
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Currently Held Blasting Certificates

Issuing Authority	Certificate Number	Issue Date	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____

I understand that all statements and answers given will be subject to investigation. A false statement or dishonest answer to any question may be grounds for denial of this application or cancellation of the certificate, if issued, in accordance with §12.707(c)(4).

I hereby certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge.

Signature: _____

Date: _____

Instructions for the Blaster Certificate Application

(Print or Type)

Name: Full name including your middle name.
Date of Birth: Date of birth (month, day, year).
Home Address: Physical and mailing address including city, state, and Zip Code.
Home Phone: Home phone including area code.
Social Security No. Employer: Applicant's social security number.
Job Title/Duties: Business name to perform blasting (if applicable).
Business Address: Job title and blasting related duties at current job.
Business Phone: Physical and mailing address including city, state, and Zip Code.
Application Type: Business phone including area code.
Specify whether application is for a new certificate, renewal of a current certificate, reissuance of an expired certificate, and whether the request is based on reciprocity with another certificate issued by a qualified jurisdiction.

Blasting Experience:

List the companies where you received your blaster experience including dates, company name and address, MSHA ID numbers of employers (if applicable), MSHA ID numbers of mines where experience obtained, supervisor and/or certified blaster & certification, location of the work, name and address of the regulatory agency with jurisdiction over blasting where the blasting occurred, whether you were working under a certified blaster, his/her name, certification number, issuing agency and a description of duties performed. *Attach additional sheets if necessary.*

Blasting Related Training:

List all blaster training courses you have attended including name of the course, date taken, instructor and name and address of the company or institution giving the course and a description of the material covered in the course. *Attach a copy of any certificates received from the training listed. If no certificates were issued or if the course was not completed, it must be so stated. Attach additional sheets if necessary.*

On-The-Job Training Related To Blasting:

List all on-the-job training you have received including dates training received, instructor, whether the instructor was a certified blaster and his/her certificate number and issuing agency, the name and address of the company or institution where the training was obtained and a description of the material covered. *Attach a copy of any certificates received from the training listed. Attach additional sheets if necessary.*

Currently Held Blasting Related Certificates:

List all current blaster certificates currently held and provide a copy of the certificate or other proof of completion. Include the issue date and expiration date of each certificate. Also list any violations issued, complaints filed and subsequent action taken.

Signature: Sign with your normal signature.

Date: Date application completed.