



**U.S. DEPARTMENT OF THE INTERIOR
OFFICE OF SURFACE MINING
RECLAMATION AND ENFORCEMENT (OSM)**



APPLICATION FOR AN OSM BLASTER CERTIFICATE

OSM Form 74

GENERAL INSTRUCTIONS

1. Furnish all requested information. Information provided on this application will strongly influence OSM's decision to grant an OSM blaster certificate.
2. Use additional sheets if more space is needed to complete any of the items. Indicate at the top of each additional sheet your full name, social security number, and item number. Insert the sheet between the pages of this application.
3. Be sure to include with your application all other forms required (for example, see the statement required under Item 16 of "Education and Training").
4. Any experience which you want counted as on-the-job training must be accompanied by a statement describing the training and signed by the supervisor.

INSTRUCTIONS TO SPECIFIC ITEMS

ITEMS 1 THRU 12. Self-Explanatory.

ITEM 13. Type of Certificate You Are Applying For.

- Check "Issue" if this is an application for your first certificate.
- Check "Renewal" if this application is for a certification that is being renewed; one that was issued approximately three years ago.
- Check "Reissue" if this application is for a certification that follows a prior certification (Not a renewal) that was issued six years ago.
- Check "Replacement" if your original certificate has been lost and you are applying for a replacement.
- Check "Reciprocity" if you are a certified blaster holding a current blaster certificate under an OSM approved State program.

ITEM 14. Examination Date.

Contact the nearest OSM Field Office for dates.

ITEM 15. Employment History and Blasting Experience.

List the last six years of work experience, starting with your most recent job in blasting and work back in time (month and year). Include additional pages, if needed. If there was a break in employment with one company, treat each period of employment as a separate job. Include the company name and address. List your immediate supervisor and his/her work telephone number, if known. If you do not know his/her work number, give the phone number of the company where your supervisor may be located. Show your full title and provide a full description of your work.

ITEM 16. Education and Training.

Section A - Complete the educational background information.

Section B - List the type of formal classroom and on-the-job blasting related training you have received.

Section C - Describe any other training that you have had, such as, training in mining equipment operations, mining methods, other related equipment operations, etc.

Include training vouchers, certificates, or other proof of satisfactory completion of training courses and seminars listed in Items 16B and 16C.

ITEM 17. Blaster Certification History.

Section A - List any blaster licenses/certifications that you currently possess along with the number and status.

Section B - Describe any instance where disciplinary action has been taken against your license or certification. This includes but is not limited to letters, suspensions, revocations, etc. . . Describe the circumstances and the outcome of each case. Include any civil or criminal charges that may have arisen out of these actions and the resolution to those charges.

Section C. - Provide your most recent valid Letter of Clearance from the Bureau of Alcohol, Tobacco Firearms and Explosives (ATF)

ITEM 18. Affirmation.

Date and sign in ink.

INCLUDE CHECK OR MONEY ORDER MADE PAYABLE TO: OFFICE OF SURFACE MINING RECLAMATION AND ENFORCEMENT (OSM)

TYPE OR PRINT ALL INFORMATION IN INK.

**U.S. DEPARTMENT OF THE INTERIOR
OFFICE OF SURFACE MINING
APPLICATION FOR AN OSM BLASTER CERTIFICATE**

OMB No. 1029-0083
Expires: 1/31/2015

Please Read Instructions Before Completing

1. Name (last, first, middle initial)		DO NOT WRITE IN THIS BLOCK (for OSM use only)
2. Mailing Address (Street, Route, P.O. Box)		Date Application Received
3. City	State	Zip
		Application Complete <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Home Telephone Number (include area code)	5. Office Telephone Number (include area code)	Amount Fee Received \$
6. Date of Birth (month, day, year)	7. Social Security Number (Voluntary, will help prevent misidentification)	Examination Date
8. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	9. Color of Hair	Examination Rating
10. Height feet inches	11. Weight pounds	12. Color of Eyes
Certificate Number and Date Issued		

13. TYPE OF CERTIFICATE (FEE IS SHOWN IN PARENTHESES)

Check Box	Certification Type	Complete Sections	Cost
<input type="checkbox"/>	Issue	All	\$122.00
<input type="checkbox"/>	Re-issue	All	\$122.00
<input type="checkbox"/>	Renewal	1-13, 15, 17, 18	\$61.00
<input type="checkbox"/>	Reciprocity	All	\$61.00
<input type="checkbox"/>	Replacement	1-13, 18	\$28.00
<input type="checkbox"/>	Re-Examination	1-13, 18	\$61.00

14. If this application is for an ISSUE or REISSUE certification, indicate date and location, if known, of examination you wish to take.

Date: _____ Location: _____

PRIVACY ACT/PAPERWORK REDUCTION ACT STATEMENT

The Office of Surface Mining Reclamation and Enforcement (OSM) is authorized to ensure and certify that all blasting operations are conducted by trained and competent persons under sections 515(b)(15)(D) and 719 of the Surface Mining Control and Reclamation Act of 1977. The information you put on this form is necessary to see how well your education and work skills qualify you for the position of certified blaster. You will not be considered for certification if you do not answer these questions. Response to this request is required to obtain a benefit. You are not required to respond to this collection of information unless it displays a currently valid OMB control number.

We must have your Social Security Number (SSN) to keep your records correct, since other people may have the same birth date and name. The SSN has been used to keep records since 1943 when Executive Order 9397 asked agencies to do so. OSM may also use your SSN to make requests about you from employers, schools, or from any other source you provide on this form, but only as allowed by law. The information collected by using your SSN will be used only to check the validity of the answers on this application and will not be used for any studies or statistical purposes.

Information we have about you may also be given to Federal, State, and local agencies for checking on violations or for other lawful purposes.

Public reporting burden for this form is estimated to average 2.5 hours per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to the Information Collection Clearance Officer, OSM, Room 203 SIB, 1951 Constitution Ave, NW, Washington, DC 20240.

15. EMPLOYMENT HISTORY AND BLASTING EXPERIENCE (BEGIN WITH CURRENT OR MOST RECENT JOB)

A. Company's Name and Address	Dates Employed (Mo. & Yr.)
	From: _____ To: _____
	Blasting Experience
	From: _____ To: _____
	Supervisor's Name
	Supervisor's Telephone Number
	Your Title

Description of Your Blasting Duties

B. Company's Name and Address	Dates Employed (Mo. & Yr.)
	From: _____ To: _____
	Blasting Experience
	From: _____ To: _____
	Supervisor's Name
	Supervisor's Telephone Number
	Your Title

Description of Your Blasting Duties

16. EDUCATION AND TRAINING

A. Level of Education Completed:

Enter the highest level of education completed _____ (for example: 5th, 8th, 12th, GED, Bachelors Degree, etc.)

Enter the school information where the highest level of education or equivalent was obtained:

School Name _____ City _____ State _____

B. Blaster training in the storage, transportation and use of explosives (attach proof of completion). Note: If you are applying for reissuance, list the 24 hours of continuing education received during the last 6 years and attach proof of completion.

School Name & Location	Dates (Mo. & Yr.)	Courses	Total Hours of Training
	From		
	To		
	From		
	To		
	From		
	To		

C. Other Related Training (attach proof of completion)

17. BLASTER CERTIFICATION HISTORY

Current Licenses or Certificates

A. List all Licenses and Certificates that you currently possess and provide a copy of each.

Certificate/ License Name	State	Number	Issue Date	Expiration Date	Status

B. Has your blaster certificate or license ever been revoked or suspended, or has disciplinary action ever been taken against you involving your blaster certificate or license?

No.

Yes. Describe: _____

C. Provide a copy of your most recent valid ATF Letter of Clearance.

18. AFFIRMATION

I affirm that all the information provided by me in this application is true and correct to the best of my knowledge and belief and is provided in good faith. I authorize the Office of Surface Mining Reclamation and Enforcement to check with the organizations and individuals I have identified in this application in order to verify the information I have provided.

Date

Signature (Sign in ink)

Mail completed application and fees to the closest address indicated below.

Field Office Director
Office of Surface Mining Reclamation and Enforcement
710 Locust St. 2nd Floor
Knoxville, Tennessee 37902

Field Division Director Reclamation and Enforcement
Office of Surface Mining
501 Belle Street, Suite 216
Alton, Illinois 62002

Field Office Director
Office of Surface Mining Reclamation and Enforcement
Evergreen Plaza Building,
Suite 703, 711 Capitol Way
Olympia, Washington 98501

Field Office Director
Office of Surface Mining Reclamation and Enforcement
Suite 1200,
505 Marquette Avenue, N.W.
Albuquerque, New Mexico 87102