Logo, company name

Description automatically generated

Coal Section

Blaster Certification Form

*Certification expires every 3 years, renewal must be submitted 60 days prior to expiration.*

*Effective May 24, 2003, each applicant must list their ATF license/permit as applicable (Safety Explosives Act November 25, 2002)*

**Type of Application**  New  Renewal

**SECTION A – APPLICANT INFORMATION**

## A1.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Applicant: | | |  | | | | | | | | | | | |
| Mailing Address: | | |  | | | | | | | | | | | |
| City: | | | | | | State: | | | | | | Zip: | | |
| Height: | | | | Weight: | | | | | Eye Color: | | | | Hair Color: | |
| Birth Date: | | | | | | | Driver’s License No: | | | | | | | |
| Are you currently certified under another state or federal program: Yes  No | | | | | | | | | | | | | | |
| **List Program and Certification Numbers** | | | | | | | | | | | | | | |
| 1) ATF | |  | | | | | | | | | | | | |
| 2) | |  | | | | | | | | | | | | |
| Has your blaster certification ever been revoked: Yes  No | | | | | | | | | | | | | | |
| If yes, why: | |  | | | | | | | | | | | | |
| **Experience Record (List most recent experience first, attach additional pages if necessary)** | | | | | | | | | | | | | | |
| **From (MO/YR)** | **To (MO/YR** | | | **Company (City/State)** | | | | | | **Foreman** | | | | **Type of Blasting Experience** |
|  |  | | |  | | | | | |  | | | |  |
|  |  | | |  | | | | | |  | | | |  |
|  |  | | |  | | | | | |  | | | |  |
|  |  | | |  | | | | | |  | | | |  |
| **Training Courses Completed within the Last Three Years (Attach Verification)** | | | | | | | | | | | | | | |
| Length of Course (HRS) | | | | Name of Course | | | | | Date Completed | | | | Description | |
|  | | | |  | | | | |  | | | |  | |
|  | | | |  | | | | |  | | | |  | |
|  | | | |  | | | | |  | | | |  | |
| Present Employer/Business: | | | | | | | | | | | | | | |
| Business Address: | | | | | | | | | | | | | | |
| Home Phone: | | | | | | | | Business Phone: | | | | | | |
| City: | | | | | State: | | | | | | Zip: | | | |

**SECTION B – Signature**

**The applicant swears that all the following are true:**

1. I am physically and mentally fit to handle explosives safely;
2. I am experienced in the use of explosives
3. I have not been convicted of a felony or misdemeanor involving the use of explosives;
4. I am of good moral character;
5. I am not addicted to narcotic drugs or intemperate in the use of alcohol;
6. That I have read the Montana Blaster Certification Manual and am familiar with the contents therein;
7. The statements made in this application are true.

**Signature:**

**Date:**