

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| Has your blaster certification ever been revoked: Yes [ ]  No [ ]  |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:**