

STATE OF WEST VIRGINIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
DIVISION OF MINING AND RECLAMATION

## *Application for Renewal of Surface Mine Blaster*

PERSONAL INFORMATION (Type or Print)			
Name:	Last	First	Middle
Mailing Address:	_____	City: _____	State: _____ Zip: _____
Telephone No.:	_____	Driver's License No. _____	Date of Birth: _____
E-Mail Address:	_____		
Current Employer:	_____		
Start Date of Employment:	_____	Employer Telephone No.:	_____
Surface Coal Mine Blaster Certification No.:	_____	Expiration Date:	_____

**Surface Coal Mine Blaster Certification renewal requires the following:**

1. Completed renewal application form.
2. \$30.00 non-refundable fee (cash, money order, or company check made payable to WVDEP).
3. Documentation of one-year (240 workdays) of active blasting experience in the last three (3) years.
4. If no experience in the last three (3) years, applicant must attend the DMR eight (8) hour training class and re-examine (\$50.00 non-refundable fee required).
5. Legible copy of driver's license or photo identification.
6. Copy of current Fire Marshal's card and ATF employee possessor letter of clearance.
7. Documentation of completion of twelve (12) hours refresher training within the last three (3) years from a program or combination of programs approved by this office. The documentation submitted must show total hours attended. DMR provides a twelve (12) hour refresher training program annually in April. For programs that DMR has approved see the DMR web site at [www.wvdep.org](http://www.wvdep.org) or contact the office. DMR will accept four (4) hours credit for the completion of the DMR four (4) hour self-study refresher training program. (Program must be purchased individually from DMR for \$25.00. Consists of a video and a series of worksheets that will be graded. Must score at least 80% to receive credit.)

**The following questions must be answered with a "YES" or "NO" in the box.**

1.	Are you a fugitive from justice?	
2.	Are you an unlawful user of, or addicted to, alcohol, marijuana or any depressant stimulant, or narcotic drug, or any other controlled substance?	
3.	Have you ever been convicted in any court of a felony, or any other crime, for which the judge could have imprisoned you for more than one year, even if you received a shorter sentence, including probation?	
4.	Are you under indictment or information in any court for a felony, or any crime, for which the judge could imprison you for more than one year?	
5.	Have you ever been adjudicated mentally defective (which includes having be adjudicated incompetent to manage your own affairs) or have you ever been committed to a mental institution?	
6.	Have you ever renounced your United States Citizenship?	
7.	Are you an alien in the United States? If "YES," attach an explanatory statement showing that you are a lawful permanent resident. (Generally, if you are an alien you cannot possess explosive materials.)	

I hereby affirm and attest that the information provided by me is accurate and complete to the best of my knowledge.

\_\_\_\_\_  
Applicant Signature

Subscribed and sworn to before me, a Notary Public in and for \_\_\_\_\_ County, in the State of

\_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Notary Signature

My Commission Expires \_\_\_\_\_

WV CODE 22-3-17(l): Any person who knowingly makes any false statement, representation or certification, or knowingly fails to make any statement, representation or certification in any application, petition, record, report, plan or other document filed or required to be maintained pursuant to this article or rules promulgated pursuant thereto, is guilty of a misdemeanor and, upon conviction thereof, shall be fined not less than one hundred dollars nor more than ten thousand dollars, or imprisoned in the county jail not more than one year, or both fined and imprisoned.

## ACTIVE BLASTING EXPERIENCE VERIFICATION

<b>Check all areas that apply to your blasting experience in the following areas of active work or supervision on a blasting crew:</b>					
<input type="checkbox"/>	Handling	<input type="checkbox"/>	Loading	<input type="checkbox"/>	Wiring
<input type="checkbox"/>	Transportation	<input type="checkbox"/>	Explosives Detonation	<input type="checkbox"/>	Seismograph
<input type="checkbox"/>	Supervising	<input type="checkbox"/>	Explosives Inventory	<input type="checkbox"/>	Blast-Design
<p>List below the total number of days you have active blasting experience working on a blasting crew or supervising a blast crew during the last three (3) years at surface coal mines or surface areas of underground coal mines, or if other surface blasting experience describe and document with an attachment in detail.</p>					

<b>Number of Days worked as a Blaster in the Last 3 Years? _____ Days</b>	
<b>This is to certify that _____ has worked _____ days performing blasting related work as described above at:</b>	
Name of Company: _____	
Mailing Address: _____ City: _____ State: _____ Zip: _____	
Dates of Experience with Company: From: _____ To: _____	
ATF License/Permit No. listing employee as an employee possessor or responsible person: _____	
Name and Title of Company Representative: _____	Company Telephone No. _____
Signature of Company Representative _____	Date: _____

<b>Number of Days worked as a Blaster in the Last 3 Years? _____ Days</b>	
<b>This is to certify that _____ has worked _____ days performing blasting related work as described above at:</b>	
Name of Company: _____	
Mailing Address: _____ City: _____ State: _____ Zip: _____	
Dates of Experience with Company: From: _____ To: _____	
ATF License/Permit No. listing employee as an employee possessor or responsible person: _____	
Name and Title of Company Representative: _____	Company Telephone No. _____
Signature of Company Representative _____	Date: _____

Please submit application to:

Department of Environmental Protection  
 Division of Mining and Reclamation  
 601 57<sup>th</sup> Street SE  
 Charleston, WV 25304\  
 ATTN: Blaster Certification Program