

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

Application for Renewal of Surface Coal Mine Blaster

Applicant Name:
Applicant Mailing Address:
Telephone No.:
E-Mail Address:
Current Employer:
Start Date of Employment:
Surface Coal Mine Blaster Certification No.:

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 work days) of active blasting experience in the last three (3) years.
4. Legible copy of driver's license or photo identification.
5. Copy of current Fire Marshal's card and ATF employee possessor letter of clearance.
6. 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 following questions must be answered with a "YES" or "NO" on the line.

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 20.

Notary Signature

My Commission Expires:

WV CODE 22-3-17(I): 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

Check all areas that apply to your blasting experience in the following areas of active work or supervision on a blasting crew:

- | | | |
|---|--|---------------------------------------|
| <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 |

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.

NUMBER OF DAYS WORKED AS A BLASTER IN THE LAST THREE (3) YEARS? (____) days

This is to certify that _____ has worked _____ days performing blasting related work
As described above at:

Name of Company: _____

Address of Company: _____

Dates of Experience with Company: From: _____ To: _____

ATF License/Permit No. listing employee as an employee possessor or responsible person: _____

Company Telephone No: _____

Name and Title of Company Representative: _____

Signature of Company Representative

Date

NUMBER OF DAYS WORKED AS A BLASTER IN THE LAST THREE (3) YEARS? (____) days

This is to certify that _____ has worked _____ days performing blasting related work
As described above at:

Name of Company: _____

Address of Company: _____

Dates of Experience with Company: From: _____ To: _____

ATF License/Permit No. listing employee as an employee possessor or responsible person: _____

Company Telephone No: _____

Name and Title of Company Representative: _____

Signature of Company Representative

Date

Please submit application to:

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