

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

Application for Initial Surface Coal 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 requires the following:

- 1. Completed initial application form.
2. \$50.00 non-refundable application 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. Digital photo taken by DMR personnel.
7. Completed self-study questions, Appendix I, including the Blaster's Certification Affidavit. (Self-Study Guide is available from OEB \$25.00 fee.
8. Take and pass all three (3) parts of examination for certified blasters.

\*NOTE: OEB offers an eight (8) hour training class to review and correlate with the self-study guide. The eight (8) hour training class is mandatory if applicant fails the exam twice. Prior registration is required. The application must be submitted ten (10) days prior to the exam in order to allow adequate time to verify information.

The following questions must be answered with a "Yes" or "No" in the box.

Table with 2 columns: Question number and Question text. Contains 7 questions regarding legal status, substance use, criminal history, mental health, citizenship, and alien status.

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

My Commission Expires

Notary Signature

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 3 Years? \_\_\_\_ Days

This is to certify that \_\_\_\_\_ has worked \_\_\_\_\_ days performing blasting related work as described above at:

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: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Company Representative

Number of Days worked as a Blaster in the Last 3 Years? \_\_\_\_ Days

This is to certify that \_\_\_\_\_ has worked \_\_\_\_\_ days performing blasting related work as described above at:

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: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Company Representative

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