



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF MINING PROGRAMS

License Number \_\_\_\_\_

APPLICATION FOR EXAMINATION AND BLASTER'S LICENSE

IMPORTANT

This application, properly notarized, together with: (1) a check or money order for (\$100.00) (application fee \$50.00 and instructional materials fee \$50.00), payable to "Commonwealth of Pennsylvania", and (2) a notarized qualification letter from your employer (pursuant to Section "e", Rule 1 or "Chapter 210, Use of Explosives) must be submitted prior to license issuance to the "Department of Environmental Protection, Bureau of Mining Programs, Division of Monitoring and Compliance, P.O. Box 8461, Harrisburg, PA 17105-8461." Please print.

I, \_\_\_\_\_, residing at \_\_\_\_\_,
(Full Name) (Street Address)

in the city of \_\_\_\_\_ County of \_\_\_\_\_, State of \_\_\_\_\_
(City) (County) (State) (Zip Code)

am requesting to be examined for, and issued, a license as a blaster to engage in (check only one)

- Surface Mining
Limited License
Underground Industrial Mineral
Mine Opening
General Blasting
Trenching/Construction
Demolition License

The date of my birth was \_\_\_\_\_ Age: \_\_\_\_\_ and my social security number is
(mo/day/year) (must be 21 years of age or older)

\_\_\_\_\_ I have had \_\_\_\_\_ years
(Social Security Number) (Number of years)

of experience with \_\_\_\_\_
(Name and Address of Employer)

and performed the following work:

\_\_\_\_\_
\_\_\_\_\_

Do you presently have a Pennsylvania blaster's license? \_\_\_\_\_ If so, provide the number: \_\_\_\_\_

What is the date of the examination you wish to attend? \_\_\_\_\_

Telephone Number of Applicant: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_ AD
20\_\_\_\_\_

(SEAL)

For Office Use Only

Table with 2 columns: Test Grade, Year Valid, Examination Check No., Date Recorded, Re-examination Check No., Date Recorded.

## ATF SAFE EXPLOSIVES ACT INFORMATION

Have you submitted an "employee possessor" form to your employer, or are you a "responsible person"?  Yes  No

If yes, give ATF license/permit number \_\_\_\_\_

If no, which of the following apply:

- My employer's license/permit has not yet come up for renewal. ATF license/permit no. \_\_\_\_\_
- I am not currently employed by the explosives industry.
- I am employed by a law enforcement or regulatory agency.
- Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_