No
No

ALABAMA SURFACE MINING COMMISSION APPLICATION FOR BLASTER'S CERTIFICATION RENEWAL

RENEWAL FEE: \$50.00 First Middle ____ SS#: _____ NAME: ADDRESS:____ City State Zip Street TELEPHONE#: E-MAIL ADDRESS: BLASTER CERTIFICATION #: ANSWER THE FOLLOWING QUESTIONS EITHER YES OR NO BY A CHECK MARK IN THE APPROPRIATE SPACE. 1) Have you ever had a blaster's certification or license from any jurisdiction denied, suspended, or revoked? Yes No 2) State whether you are: a) under indictment for, or have been convicted in any court of a crime punishable by imprisonment for a term exceeding one year? Yes b) a fugitive from justice? Yes No c) an unlawful user of or addicted to any controlled substance? Yes____ No__ d) adjudicated a mental defective or have been committed to a mental institution? Yes No e) an alien (other than permanent resident alien or other excepted alien)? Yes No f) dishonorably discharged from the military? Yes g) a citizen who has renounced your U.S. citizenship? Yes No If the answer to any of these questions is Yes, please explain on an attached sheet. QUALIFICATIONS: I chose: A) CONTINUING EDUCATION B) RE-EXAMINATION

If "A" is selected, provide written verification showing attendance at no less than 12 contact hours of approved continuous education in blasting when you come in to obtain your new card.

BLASTING EXPERIENCE:

For each place of employment during the past three years where you have had direct experience working with explosives, provide the following information. $\underline{\text{BE}}$ $\underline{\text{SPECIFIC.}}$ If additional space is needed, continue on an attached sheet.

Dmp10101		(C	ompany Name)	
Employer's Name: (Company Name) Address:					
	(Business Address) Street	City	State	Zip
Phone Num	nber:	Nar	me of Superv	isor:	
Date Empl	oyed:				
	oyed:Fro	m		Тс)
Duties or	Responsibilities:				
240100 01	Responsibilities:		(Be	Specific)	
	s Name:	(C	ompany Name)	
Address:		(C			Zip
Address:	(Business Address)	Street	City	State	
Address:		Street	City	State	
Address: Phone Num	(Business Address)	Street Name o	City f Superviso	State r:	
Address: Phone Num Date of E	(Business Address) mber: Employment:	Street Name o	City f Superviso	State	
Address: Phone Num Date of E	(Business Address)	Street Name o	City f Superviso	State r:	
Address: Phone Num Date of E	(Business Address) mber: Employment:	Street Name o	City f Superviso	State r:	
Address: Phone Num Date of E	(Business Address) mber: Employment:	Street Name o	City f Superviso	State r:	
Address: Phone Num Date of E	(Business Address) mber: Employment:	Street Name o	City f Superviso	State r:	

CERTIFICATION

I certify under penalty of law that all answers given herein are true, correct and complete. I further certify that I am familiar with State and Federal law relating to the handling and use of explosives. Further, I certify that I am not prohibited by Federal law or otherwise from transporting, receiving or possessing explosives or explosive materials, and should there be any change in my status in these regards during this certification period or any renewal thereof, I will immediately notify the Alabama Surface Mining Commission of such change.

Sign	ature of Applicant
Name	of Applicant (Type or Print)
State of Alabama	
(County)	
Before me, the undersigned authority, personal duly sworn upon his oath, deposes and says, application and he is the person described there me that he did execute same and that the facts true and correct to the best of his knowledge,	that he has read the foregoing in and acknowledged to and before and matters alleged therein are
Sworn to and subscribed before me this 0	day of,
Nota	ry Public

ASMC-10B (5/11)

BLASTER CERTIFICATION-DECLARATION OF CITIZENSHIP

THIS FORM MUST ACCOMPANY ALL APPLICATIONS FOR INITIAL CERTIFICATION OR RENEWAL

Pursuant to Ala. Code §31-13-1 et. seq., the Beason-Hammon Alabama Taxpayer and Citizen Protection Act, as a state agency, ASMC must verify that every individual applicant for a professional license is a U.S. citizen, a qualified alien, or a nonimmigrant meeting the requirements of 8 U.S.C. §1621.

Please Print Legibly

		I lease I line Degibly			
1.	Name:	Di .	N/118	#	
2.	Last Mailing Address:	First	Middle		
3.	Telephone: Home:	Office:	Mobile:		
4.	I am a United States Citizen	Yes No			
5. Applie	cants claiming United States	citizenship MUST provide one	of the following:		
governm United S	ental agency of another state	within the United States, provide	te Alabama Department of Public Safety of ded that the governmental agency of anothe a condition of issuance of the driver's licentage.	er state within the	
(b) A bir	th certificate indicating birth	in the United States or one of its	territories.		
	nent pages of a United States United States passport.	valid or expired passport iden	tifying the person and the person's passpor	rt number, or the	
(d) Unite	ed States naturalization docum	nents or the number of the certif	icate of naturalization.		
(e) Other documents or methods of proof of United States citizenship issued by the federal government pursuant to the Immigration and Nationality Act of 1952, as amended.					
(f) Burea	u of Indian Affairs card num	ber, tribal treaty card number, o	r tribal enrollment number.		
(g) A consular report of birth abroad of a citizen of the United States of America.					
(h) A cer	tificate of citizenship issued	by the United States Citizenship	and Immigration Services.		

- (j) An American Indian card, with KIC classification, issued by the United States Department of Homeland Security
- (k) Final adoption decree showing the person's name and United States birthplace.

(i) A certification of report of birth issued by the United States Department of State.

- (I) An official United States military record of service showing the applicant's place of birth in the United States.
- (m) An extract from a United States hospital record of birth created at the time of the person's birth indicating the place of birth in the United States.
- (n) AL-verify.
- (o) A valid Uniformed Services Privileges and Identification Card.
- (p) Any other form of identification authorized by the Alabama Department of Revenue.

- 6. Non-citizen applicants claiming Qualified Alien Status must submit at least one of the following documents or similar documentation of identity and immigration status as determined acceptable by the U.S. Department of Homeland Security for verification through the SAVE program:
- (a) A valid, unexpired Alabama driver's license or nondriver identification card.
- (b) A valid tribal enrollment card or other form of tribal identification bearing a photograph or other biometric identifier.
- (c) Any valid United States federal or state government issued identification document bearing a photograph or other biometric identifier, including a valid Uniformed Services Privileges and Identification Card if issued by an entity that requires proof of lawful presence in the United States before issuance.
- (d)A foreign passport with an unexpired United States Visa and a corresponding stamp or notation by the United States Department of Homeland Security indicating the bearer's admission to the United States.
- (e) A foreign passport issued by a visa waiver country with the corresponding entry stamp and unexpired duration of stay annotation or an I-94W form by the United States Department of Homeland Security indicating the bearer's admission to the United States.

VERIFICATION OF APPLICANT

I affirm under penalty of perjury that the above is true and correct.	
Signed this day of, 20	
Signature	
Sworn to before me this day of, 20	
	AFFIX SEAL HERE
NOTARY PUBLIC	
My Commission Expires:	