

Date Received:	_____
Date Reviewed:	_____
Reviewer's Initial:	_____
Approval: Yes	_____
No	_____
Fee Paid: Yes	_____
No	_____

**ALABAMA SURFACE MINING COMMISSION  
APPLICATION FOR BLASTER'S CERTIFICATION RENEWAL**

**RENEWAL FEE: \$50.00**

NAME: \_\_\_\_\_ SS#: \_\_\_\_\_  
                  Last                    First                    Middle

ADDRESS: \_\_\_\_\_  
                                  Street                    City                    State                    Zip

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 \_\_\_ No \_\_\_
  - 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 \_\_\_ No \_\_\_
  - 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. BE SPECIFIC. If additional space is needed, continue on an attached sheet.

MOST RECENT EMPLOYER:

1. Employer's Name: \_\_\_\_\_  
(Company Name)

Address: \_\_\_\_\_  
(Business Address) Street City State Zip

Phone Number: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Date Employed: \_\_\_\_\_  
From To

Duties or Responsibilities: \_\_\_\_\_  
(Be Specific)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Employer's Name: \_\_\_\_\_  
(Company Name)

Address: \_\_\_\_\_  
(Business Address) Street City State Zip

Phone Number: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Date of Employment: \_\_\_\_\_  
From To

Duties or Responsibilities: \_\_\_\_\_  
(Be Specific)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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.

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

\_\_\_\_\_  
Name of Applicant (Type or Print)

State of Alabama

\_\_\_\_\_ ( County )

Before me, the undersigned authority, personally appeared and having been first duly sworn upon his oath, deposes and says, that he has read the foregoing application and he is the person described therein and acknowledged to and before me that he did execute same and that the facts and matters alleged therein are true and correct to the best of his knowledge, information and belief.

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_.

\_\_\_\_\_  
Notary Public