

**APPLICATION FOR
BLASTER CERTIFICATION**

TYPE OF APPLICATION: NEW RENEWAL – Present No. CB- _____
Expiration Date: _____

1. Name: _____
Last First M.I.

2. Address: _____
City: _____ State: _____ Zip Code: _____
Telephone No.: _____

3. Age: _____ Date of Birth: _____

4. Color Hair: _____ 5. Color Eyes: _____

6. Height: _____ 7. Weight: _____

8. Have you received at least one year of qualifying experience under the direction and supervision of a certified blaster in the handling and use of explosives?

YES NO.

If YES, indicate the name and address of supervisor and indicate your total years of experience.

9. Are you presently a certified licensed blaster in another state?

YES NO

If YES, please provide the following information and attached a copy of your license or certification card:

a) State(s) in which certified: _____

b) Certification or License Number(s): _____

c) Expiration Date(s): _____

10. How many years of experience do you have as a certified blaster? _____ Years

11. In the last three years, how many years have you been actively employed as a certified blaster?
_____ Years

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Land Management Administration • Bureau of Mines
160 South Water Street • Frostburg, Maryland 21532
(301) 689-1440 • 1-800-633-6101 • <http://www.mde.state.md.us>

12. List any training or refresher courses dealing with the handling and use of explosives that you have attended during the past three years.

13. If you have had at least one year of blasting experience in the last three years, please have the following certification completed by the employer where the experience was achieved.

This is to certify that _____
Name of Applicant

has had at least one year of blasting experience in the past three years with:

Name of Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No.: _____

Signed: _____

Title: _____

14. Do you currently hold a Blaster's Permit from the Maryland Office of the State Fire Marshal?

YES NO

If YES, please attached a copy of your current Blaster's Permit to the application.

If NO, you must apply for a Blaster's Permit from the Office of the State Fire Marshal.

15. **I certify that the statements I have made are true and correct to the best of my knowledge.**

Signature of Applicant

Date

FOR BUREAU USE ONLY:

Training Date: _____

Examination Date: _____

Exam Results: PASS FAIL

Certificate Date: _____

This Notice is provided pursuant to § 10-624 of the State Government Article of the Maryland Code. The personal information requested on this form is intended to be used in processing your application. Failure to provide the information requested may result in your application not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment ("MDE") is a public agency and subject to the Maryland Public Information Act (Md. Code Ann., State Gov't §§ 10-601, et seq.). This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.