



**APPLICATION
 COAL MINE SURFACE BLASTER CERTIFICATION
 UTAH DIVISION OF OIL, GAS AND MINING**
 1594 West North Temple, Suite 1210
 Box 145801
 Salt Lake City, Utah 84114-5801
 (801) 538-5340
 FAX (801) 359-3940



1. Applicant Social Security No.	Age	Date of Birth
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2. Name Company Address Residence Address Telephone (W) (H) Cell Phone E-mail address	3. Applying for: (check one) 40-hr. Coal Mine Surface Blaster Training, Examination, and Certification. 8-hr. Coal Mine Surface Blaster Training, Examination, and Recertification. 40-hr. Coal Mine Surface Blaster Training, Examination, and Certificate of Completion. Other Explain
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4. Experience:
 (Rule R645-105-311 requires each certified blaster to have had one year of practical field experience in blasting.)

A. Describe your practical field experience in blasting.	B. Who supervised your field experience? Name Title Company
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5. Current Certification(s), if any: Title
 Issued by
 Date(s)

6. Certification: All of the information which has been provided in this application is true and accurate to the best of my knowledge and belief. If certified as a Coal Mine Surface Blaster, I anticipate using this certification on mine sites regulated by or under construction by the Utah Division of Oil, Gas and Mining. Signed _____ Date _____ <p align="center"><i>Applicant</i></p>	7. Experience Certification: I certify that the practical field experience discussed in block number four (4) above was under my supervision. Name (Print) _____ Signed _____ Date _____ <p align="center"><i>Supervisor</i></p> Telephone Number (W) _____ (H) _____
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Division use only:

I have examined this applicant-s record of training, examination scores, and experience and recommend that he/she be certified recertified or rejected as a Coal Mine Surface Blaster, or I recommend that he/she be issued a certificate of completion for 40 hours of blaster training and successfully passing the examination.

Signed _____ Date _____