



APPLICATION FOR BLASTER CERTIFICATION

State Form 54003 (R / 11-10)

INDIANA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF RECLAMATION
BLASTING SECTION
14619 W. State Road 48
Jasonville, IN 47438-7056

* This agency is requesting the disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it.

INSTRUCTION:

- Complete the application for Blaster Certification.
 - Refer to the attached Experience Evaluation Criteria to determine your eligibility for certification on page 3.
 - Be sure to specify in the type of application section whether you are a New applicant or are applying for Comity registration.
 - The training course required by the Department includes the revised text of "Indiana Blasters Certification Training Manual", the Indiana Supplement, and must have been given by a Department approved institution and instructor.
 - In WORK EXPERIENCE, please be specific when describing your work experience and duties. This section is important as the information will be the basis for evaluating your experience and eligibility for certification.
 - Once completed, this application, must be signed by the applicant and notarized.
- Submit the completed application to the above address.

Type of application: <input type="checkbox"/> New applicant <input type="checkbox"/> Comity registration			FOR REVIEWER'S USE ONLY	
APPLICANT INFORMATION			<input type="checkbox"/> Application approved	
			Date (month, day, year)	
Name of applicant (last, first, middle, previous or maiden name)		Date of birth (month, day, year)		<input type="checkbox"/> Application terminated
Address (number and street, city, state and ZIP code)			Date (month, day, year)	
County of Residence	Social Security number *	Home telephone number		<input type="checkbox"/> Application denied
		()		<input type="checkbox"/> Insufficient information
EDUCATION AND FORMAL TRAINING			<input type="checkbox"/> Incorrect Information	
Do you have a high school diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date of exam (month, day, year)	Score
Do you have a GED certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date of exam (month, day, year)	Score
List below special training received and schools attended after high school.			Date of exam (month, day, year)	Score
			Certification number	
NAME AND LOCATION		FIELDS OF STUDY/TITLE OF SPECIAL COURSES	CERTIFICATES OR DEGREE GRANTED	Name
Please check the highest grade completed:				
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> above 16				
For the purposes of reciprocity, are you certified, registered, or licensed as a blaster in any other Indiana State Agency or another state?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, give complete information including license or registration number: (Please include a copy of the license or certificate with application.)				

Have you completed the training course required by the Indiana Department of Natural Resources for blaster certification? <input type="checkbox"/> Yes <input type="checkbox"/> No				(first)
(If yes, please attach a copy of your certificate of completion.)				
				(middle)

WORK EXPERIENCE

Name of business or organization		
Location of business or organization		
Kind of business or organization		Dates employed (<i>month, year</i>)
		From: To:
Exact title of position	Number of hours per week	<input type="checkbox"/> Full-time <input type="checkbox"/> Part time
Specific duties, in detail: -----		
Name of your immediate supervisor	Title of your immediate supervisor	Telephone number ()
Name of business or organization		
Location of business or organization		
Kind of business or organization		Dates employed (<i>month, year</i>)
		From: To:
Exact title of position	Number of hours per week	<input type="checkbox"/> Full-time <input type="checkbox"/> Part time
Specific duties, in detail: -----		
Name of your immediate supervisor	Title of your immediate supervisor	Telephone number ()
Name of business or organization		
Location of business or organization		
Kind of business or organization		Dates employed (<i>month, year</i>)
		From: To:
Exact title of position	Number of hours per week	<input type="checkbox"/> Full-time <input type="checkbox"/> Part time
Specific duties, in detail: -----		
Name of your immediate supervisor	Title of your immediate supervisor	Telephone number ()

CERTIFICATE OF APPLICANT

I hereby certify that there are no misrepresentations in or falsifications of these statements and answers to questions on this application. I am aware that should investigations disclose such, my application shall be immediately terminated, and, if applicable, proceedings in accordance with 312 IAC 25-9-9 may be implemented. I also understand that the Director or his authorized representative may require additional personal references, if necessary, in evaluating this application.

Signature of applicant	Date Signed (<i>month, day, year</i>)
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CERTIFICATION OF NOTARY PUBLIC

STATE OF _____
 COUNTY OF _____

SS:

SEAL

Subscribed and sworn to before me, a notary public, in and for the state and county above named on this _____ day of _____, 20_____.

Signature of notary public		Printed name of notary public
County of residence	State	Date commission expires (<i>month, day, year</i>)

EXPERIENCE EVALUATION CRITERIA
FOR APPLICANTS TO THE
INDIANA BLASTER CERTIFICATION AND TRAINING PROGRAM

312 IAC 25-1-21 defines a certified blaster as a “person who as twelve (12) months or more experience in blasting operations under the immediate supervision of an experience blaster

The following criteria, if met, will be considered adequate experience when an individual's application for Blaster Certification is reviewed by the Director. A minimum of twelve (12) months experience will be required for each applicant.

1. Persons who have worked or are currently working on drilling and hole loading crews or blasting related supervision at surface coal mining operations.
2. Technical field representatives for explosives product manufacturers.
3. Individuals who work as consultants for blasting at surface coal mines and whose services include blast hole and pattern design and who meet the minimum criteria for work experience.

The Director may require, or the applicant may elect to submit, additional relevant information which may help clarify the applicant's eligibility for certification.

The Director reserves the right to make the final determination on the applicant's experience relative to the approval or denial of an application for certification after investigation the applicant's work experience and references.