



REQUEST FOR RENEWAL OF BLASTER CERTIFICATION

State Form 54002 (R2 / 11-10)

INDIANA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF RECLAMATION

14619 W. State Road 48
Jasonville, IN 47438-7056

APPLICANT INFORMATION

| | | |
|---|---------------------|---|
| Certification number IN | County of Residence | Date of birth (<i>month, day, year</i>) |
| Name of applicant (<i>last, first, middle</i>) | | Telephone number () |
| Address (<i>number and street, city, state, and ZIP code</i>) | | |

CERTIFICATION INFORMATION

If you are currently certified, registered or licensed as a blaster in any state other than Indiana, please give complete information including license or registration number.

Have you ever held a blaster certification, registration or license that was revoked or suspended? Yes No

If yes, give complete information including current status of such action.

WORK EXPERIENCE

List below, beginning with your most recent job, all your work experience in which you actually worked with explosives during the period of time your certification was valid. Work experience involving drilling, loading, blast design, supervisory, or other experience directly related to the use of explosives and blasting should be included in this section. An additional sheet may be attached if necessary.

| | | |
|--|--|-----------------------------|
| Name of business or organization | | |
| Kind of business or organization | | |
| Exact title of position | Dates employed (<i>month, year</i>) From: _____ To: _____ | |
| Specific duties, in detail: ----- ----- ----- | | |
| Name of your immediate supervisor | Title of your immediate supervisor | Telephone number () |

Have you worked at least twelve (12) months of the preceding thirty-six (36) months as a Certified Blaster? Yes No

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 authorized representative may require additional personal references, if necessary, in evaluating this application.

| | |
|------------------------|----------------------------------|
| Signature of applicant | Date (<i>month, day, year</i>) |
|------------------------|----------------------------------|

RENEWAL OF BLASTER CERTIFICATION

You are being notified of the expiration of your Blaster Certification. The following explains the requirements to be met to obtain a renewal of your certification.

The procedures, as outlined in 312 IAC 25-9-8, concerning the renewal of certification for a certified blaster are as follows:

(a) A certified blaster must obtain a renewal of the certification every three (3) years. A request for renewal of the certification shall be in writing upon a form furnished by the Department. The request for renewal must be received by the Department not later than thirty (30) days prior to expiration of the certificate.

(b) The renewal will be approved if the certified blaster:

- (1) has worked at least twelve (12) months of the preceding thirty-six (36) months as a certified blaster;
- (2) is not in violation of section 9 of this rule; and
- (3) has obtained a minimum of fifteen (15) hours of additional training in the topics found in section 3 of this rule. Each certified blaster must provide documentation that fifteen (15) hours of additional training has been achieved. The training must be approved by the department.

(c) When the certification is not renewed for more than one (1) year after expiration, the blaster must retake the examination under section 5 of this rule and demonstrate completion of fifteen (15) hours of additional training in the previous thirty-six (36) months. When the certification is not renewed for five (5) years after expiration, the certification will not be renewable. An application shall be submitted to the department in the event that the individual desires to again be certified, and the individual shall be considered as a new applicant.

(d) A renewal notice will be sent to each registrant not less than two (2) months prior to the expiration date of the certificate.

(e) All renewal notices and other communications will be sent to the last address given by the registrant to the Department. A failure of the certified blaster to receive a renewal notice under this subsection does not relieve the certified blaster of the obligation to obtain a renewal of the certification as required under this subsection (a) of this section.

Enclosed you will find the Department's form for renewal. Please complete the form and send it to:

Division of Reclamation
Attn: Blasting Specialist
14619 W State Road 48
Jasonville, Indiana 47438-7056

If you have any questions, please do not hesitate to call (812) 665-2207.

Enclosure