

STATE OF CALIFORNIA
Division of Occupational Safety and Health
Blasting Program Administrator

1367 E. Lassen Avenue, Suite B-4, Chico, CA 95973
(530) 895-6938

Senior Engineer (South)
464 West Fourth Street, Suite 354
San Bernardino, CA 92401-1400
(909) 383-6782

Senior Engineer (Central)
6150 Van Nuys Boulevard, Suite 310
Van Nuys, CA 91401-3333
(818) 901-5420

Senior Engineer (North)
2424 Arden Way, Suite 125
Sacramento, CA 95825
(916) 574-2540

License No. _____

BLASTER'S LICENSE APPLICATION

Name of Applicant _____
First Middle Last

Home Address* _____
Street City State Zip

Home Phone () _____

Company's Name _____

Business Address _____
Street City State Zip

Business Phone () _____

Applicant's Description: Age _____ Weight _____ Height _____
Color Hair _____ Eyes _____ Sex _____

Social Security No. _____ - _____ - _____ Birthplace _____ Birth Date _____

Driver's License No. _____ State _____

- 1. Have you taken a blaster's Examination in California? Yes _____ No _____
- 2. Have you ever had a California Blaster's License? Yes _____ No _____
- 3. Have you ever had a California Blaster's License revoked in California? Yes _____ No _____

TYPE OF LICENSE REQUESTED: New _____ Renewal _____

CATEGORY

STANDARD LIMITATIONS:

- (B) General Above Ground _____
- (C) General Underground _____
- (D) Demolition _____
- (E) Limited _____

- Construction _____
- Mining _____
- Tunneling _____
- Small Scale (less than 10 caps/round) _____
- Avalanche Control – Hand Placed _____
- Avalanche Control – Propelled _____
- Geophysical Exploration _____
- Oil/Water Well Services _____
- Aerospace/Propulsion _____
- Law Enforcement/Ordnance Disposal _____
- Other (specify) _____

INITIATION SYSTEM LIMITED TO:

- Electric _____
- Nonelectric Shock Tube _____
- Cap & Fuse _____

* ***If you want your license sent to your place of business, a home address is not required. Your phone number is optional.***

* ***Do you want to have personal information released to potential employers?*** Yes No

BLASTING EXPERIENCE

(Use additional sheets if necessary)

EMPLOYER _____ Your Position _____
Address _____ From (Mo./Yr.) _____ To (Mo./Yr.) _____
Type of blasting work done _____

Initiation systems used _____

Supervisor _____ Telephone No. _____

EMPLOYER _____ Your Position _____
Address _____ From (Mo./Yr.) _____ To (Mo./Yr.) _____
Type of blasting work done _____

Initiation systems used _____

Supervisor _____ Telephone No. _____

EMPLOYER _____ Your Position _____
Address _____ From (Mo./Yr.) _____ To (Mo./Yr.) _____
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Supervisor _____ Telephone No. _____

EMPLOYER _____ Your Position _____
Address _____ From (Mo./Yr.) _____ To (Mo./Yr.) _____
Type of blasting work done _____

Initiation systems used _____

Supervisor _____ Telephone No. _____

Special Training, Seminars, etc. _____

Other States' Blasting Licenses or Certificates, if any _____

The application fee is \$15 for the license and \$15 for renewals. Make check/money order payable to the State of California.

Applicant must appear in person to take the examination for a blaster's license. A license will be issued only to persons possessing sufficient knowledge and experience to conduct the acts specified in the application. The license will be issued after the applicant has passed the written and oral examination and a background check has been made to determine the applicant's qualifications. The undersigned applicant certifies that he/she is familiar with applicable Federal, State, and Local laws, rules, regulations, and orders relating to the use, handling, possession, transportation, and storage of explosives. If this license is issued, the blaster, and all other persons designated by the blaster, will strictly observe such laws, rules, and regulations.

I hereby certify under penalty of perjury that the information on this application is true and correct.

Date _____ Applicant's signature _____

Date _____ Approved for exam by _____