



BLASTER CERTIFICATION/RECERTIFICATION APPLICATION

PUBLIC SERVICE COMMISSION

RECLAMATION DIVISION

SFN 10584 (7-2022)

PART I. TO BE COMPLETED BY THE APPLICANT

Name of Applicant		Present Certification Number
Application is For (check one) <input type="checkbox"/> First Certification Under NDAC 69-05.2-31 <input type="checkbox"/> Recertification by Refresher Course <input type="checkbox"/> Recertification by Examiner		
Date of Original Certification	Expiration Date of Present Certification	Last Recertification By (Check One) <input type="checkbox"/> Examination <input type="checkbox"/> Refresher Course <input type="checkbox"/> Both
Has your certificate ever been suspended or revoked? <input type="checkbox"/> No <input type="checkbox"/> Yes - Date:		Are you over 21 years of age? <input type="checkbox"/> No <input type="checkbox"/> Yes
Reason certificate was suspended or revoked (attach separate sheet if necessary)		
Describe your field experience with blasting operations (attach separate sheet if necessary)		
Signature		Date

PART II. IF APPLICANT IS EMPLOYED, THIS SECTION IS TO BE COMPLETED BY APPLICANT'S EMPLOYER

Name of Applicant	
Name of Company	Name of Mine
This is to certify that the above named applicant, an employee of the above named company, is presently employed as a blaster or has previous experience in explosives handling and has received on-the-job training from a blaster.	
The Applicant has Completed a PSC Approved Blaster Certification <input type="checkbox"/> with examination <input type="checkbox"/> without examination	Date Course Completed
I hereby request that the above named employee be <input type="checkbox"/> certified <input type="checkbox"/> recertified as a blaster as required by NDAC 69-05.2-31-03.	
Company Official	Date
Title	

PART III. TO BE COMPLETED BY BLASTER CERTIFICATION COURSE INSTRUCTOR

Name of Applicant	
This is to certify that the above named applicant has satisfactorily completed (check one): <input type="checkbox"/> A blaster certification training course and examination <input type="checkbox"/> A blaster certification refresher course <input type="checkbox"/> A blaster certification refresher course and examination	
Course Instructor	Date