STATE OF WEST VIRGINIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF MINING AND RECLAMATION

Application for Reciprocity of Surface Mine Blaster

PERSONAL INFORMATION
(Type or Print)

Name: _____ _____ _____
Last First Middle

Mailing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Telephone No.: _____ **Driver's License No.** _____ **Date of Birth:** _____

E-Mail Address: _____

Current Employer: _____ **Employer's Telephone No:** _____

Surface Mine Blaster Certification for Reciprocity requires the following:

1. **Completed application form.**
2. **$50.00 non-refundable application fee (cash, money order, or company check made payable to WVDEP).**
3. **Documentation of one-year (240 workdays) of active blasting experience in the last three (3) years.**
4. **Legible copy of issuing State (Virginia) current Blaster's Certification Card.**
5. **Legible copy of driver's license or photo identification.**
6. **Copy of current Fire Marshal's card and ATF employee possessor letter of clearance.**
7. **Legible copy of blaster's certification test scores from the state in which you are licensed.**
8. **Attend blaster 8-hour training class with study guide, and two (2) hour blaster's responsibility training given by DMR at the beginning of monthly exam.**
9. **Reciprocity granted one time only. Blasters given reciprocity must test on first renewal.**

NOTE: DMR regulations require twelve (12) hours blasting related refresher training once every three (3) years. Blaster's certification must be renewed every three (3) years. Prior to renewal, the blaster must provide proof of completing twelve (12) hours of refresher training from an DMR approved training program. DMR provides a twelve (12) hour refresher training program annually in April. A Self-Study Guide is available from DMR for $25.00.

The following questions must be answered with a "Yes" or "No" in the box.

1.	**Have you previously held a WV Surface Mine Blaster Certification?**	
2.	**Are you a fugitive from justice?**	
3.	**Are you an unlawful user of, or addicted to, alcohol, marijuana or any depressant stimulant, or narcotic drug, or any other controlled substance?**	
4.	**Have you ever been convicted in any court of a felony, or any other crime, for which the judge could have imprisoned you for more than one year, even if you received a shorter sentence, including probation?**	
5.	**Are you under indictment or information in any court for a felony, or any crime, for which the judge could imprison you for more than one year?**	
6.	**Have you ever been adjudicated mentally defective (which includes having be adjudicated incompetent to manage your own affairs) or have you ever been committed to a mental institution?**	
7.	**Have you ever renounced your United States Citizenship?**	
8.	**Are you an alien in the United States? If "YES," attach an explanatory statement showing that you are a lawful permanent resident. (Generally, if you are an alien you cannot possess explosive materials.)**	

I hereby affirm and attest that the information provided by me is accurate and complete to the best of my knowledge.

_____
Applicant Signature

Subscribed and sworn to before me, a Notary Public in and for _____ County, in the State of

_____, this _____ day of _____,_____.

_____ **My Commission Expires** _____
Notary Signature

WV CODE 22-3-17(I): Any person who knowingly makes any false statement, representation or certification, or knowingly fails to make any statement, representation or certification in any application, petition, record, report, plan or other document filed or required to be maintained pursuant to this article or rules promulgated pursuant thereto, is guilty of a misdemeanor and, upon conviction thereof, shall be fined not less than one hundred dollars nor more than ten thousand dollars, or imprisoned in the county jail not more than one year, or both fined and imprisoned.

ACTIVE BLASTING EXPERIENCE VERIFICATION

Check all areas that apply to your blasting experience in the following areas of active work or supervision on a blasting crew:

☐ **Handling**	☐ **Loading**	☐ **Wiring**
☐ **Transportation**	☐ **Explosives Detonation**	☐ **Seismograph**
☐ **Supervising**	☐ **Explosives Inventory**	☐ **Blast-Design**

List below the total number of days you have active blasting experience working on a blasting crew or supervising a blast crew during the last three (3) years at surface mines, surface areas of underground mines, or if other surface blasting experience. Describe and document with an attachment in detail.

Number of Days worked as a Blaster in the Last 3 Years? _____Days

This is to certify that _____has worked _____days performing blasting related work as described above at:

Name of Company: _____

Mailing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Dates of Experience with Company: From: _____ **To:** _____

ATF License/Permit No. listing employee as an employee possessor or responsible person: _____

Name and Title of Company Representative: _____

Company Telephone No.: _____

_____ **Date:** _____

Signature of Company Representative

Number of Days worked as a Blaster in the Last 3 Years? _____Days

This is to certify that _____has worked _____days performing blasting related work as described above at:

Name of Company: _____

Mailing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Dates of Experience with Company: From: _____ **To:** _____

ATF License/Permit No. listing employee as an employee possessor or responsible person: _____

Name and Title of Company Representative: _____

Company Telephone No.: _____

_____ **Date:** _____

Signature of Company Representative

Please submit application to:

Department of Environmental Protection
Division of Mining and Reclamation
601 57th Street SE
Charleston, WV 25304
ATTN: Blaster Certification Program