

F.P. FEE	APP. FEE	WAIVER
Labor Department Use Only		

CONTROL NO.	CERT NO.	CLASS	EXPIRES
Labor Department Use Only			



New York State Department of Labor  
 Division of Safety and Health  
 License & Certification Unit Room 161A  
 State Campus Building 12  
 Albany NY 12240  
 (518) 457-2735

## Application for a Blaster's Certificate of Competence

(NOT VALID IN NEW YORK CITY)

Check One:  FIRST TIME APPLICANT - Complete all items  RENEWAL APPLICANT - Complete items 1 - 14 only

(Print or type all answers)

1. SOCIAL SECURITY NUMBER		2. LAST NAME OF APPLICANT		FIRST			
3. NYS DEPT. OF MOTOR VEHICLES LICENSE OR ID NUMBER							
4. NUMBER AND STREET			5. PHYSICAL CHARACTERISTICS  a. HEIGHT: ___ FT. ___ IN.  b. WEIGHT: ___ LBS.  c. HAIR COLOR _____ d. EYE COLOR _____				
6. CITY, TOWN, VILLAGE		STATE				7. DATE OF BIRTH	
ZIP CODE		8. AREA CODE				TELEPHONE	
( )		9. COUNTY					

10. Check ONE box to indicate the category of the Certificate of Competence requested.

- Class A - The holder may supervise and perform the preparation for and the detonation of any blast.
- Class B - The holder may supervise and perform the preparation for and the detonation of any above ground blast, e.g., general construction, open surface excavation, quarries, etc.
- Class C - The holder may supervise and perform the preparation for and the detonation of any underground blast, e.g., underground mines, tunnels, etc.

11. Do you hold a valid New York State license to own and possess or deal and manufacture explosives? No \_\_\_ Yes \_\_\_  
 If yes, please provide the following information.

License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

12. Have you had or been treated for epilepsy, heart disease or from an uncorrected defect in vision or hearing which might diminish your competence in relation to the handling or use of explosives? No\_\_\_ Yes\_\_\_ If yes, please give details on a separate piece of paper.

13. I hereby certify that the information furnished on this application is true and accurate to the best of my knowledge. I authorize the DOL and DMV to produce an ID card bearing my DMV photo. I understand that DOL will send this card to the address I maintain with DOL. I also understand that DOL and DMV will use my photo to manufacture all my subsequent ID cards for as long as I maintain my license/certification with the DOL.

14. In order to complete this form, you must provide certain personal information. The authority to collect this information is found in the New York State Labor Law. This information will be maintained and used to process the application you are filing with the Worker Protection Central Processing Unit. Failure to provide this information may result in our inability to process your application. You also understand that by signing this you are granting permission to the Commissioner of Labor to provide access to your Unemployment Insurance (U.I.) benefit file.

Date \_\_\_\_\_ Signature \_\_\_\_\_

*SUBMIT AN ORIGINAL APPLICATION, THE NOTARIZED APPENDIX TO A LICENSE APPLICATION, THE REQUIRED FEE(S), FINGERPRINT CARD, IF REQUIRED AND TWO COMPLETED COPIES OF THE WAIVER FORM. SUBMISSION DETAILS ARE PROVIDED ON THE BLASTERS INFORMATION AND INSTRUCTION FORM.*

14. WORK EXPERIENCE: List below your work experience in the handling or use of explosives. Renewal applicants need to update for past three years only. Exam applicant work experience will be verified.

14 a. DATE(S) EMPLOYED IN THE HANDLING OR USE OF EXPLOSIVES			14 b. EMPLOYER'S NAME AND MAILING ADDRESS	14 c. DUTIES (check appropriate columns)			
				BLASTING		EXPLOSIVES	
MONTH	YEAR		UNDER GROUND (tunnels, underground mines, etc.)	ABOVE GROUND (gen'l const., open surface excavation, quarries etc.)	HANDLING	PLACING	DETONATING
FROM:							
TO:							
FROM:							
TO:							
FROM:							
TO:							
FROM:							
TO:							

15. ASSIGNMENT OF TEST CENTER FOR GENERAL EXAMINATION - Write "1" after the city for your first choice of testing location. Write "2" after the city for your second choice.

- |                  |                  |                                 |                    |
|------------------|------------------|---------------------------------|--------------------|
| Albany _____     | Hicksville _____ | New York City _____             | Rochester _____    |
| Binghamton _____ | Hornell _____    | Nyack _____                     | Saranac Lake _____ |
| Buffalo _____    | Kingston _____   | Port Jefferson<br>Station _____ | Syracuse _____     |
| Fredonia _____   | Middletown _____ | Poughkeepsie _____              | Utica _____        |