



## Application for a Blaster's Certificate of Competence

You must provide personal information to complete this form. 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 Division of Safety and Health License & Certificate Unit. Failure to provide this information may result in our inability to process your application. Please see Instruction form (SH 811) regarding forms and information that will be required to complete this application.

Check one:  First time applicant (complete all items)  Renewal applicant (complete all items except Test Center section)

### Applicant's Information

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Social Security number: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ County: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

New York State Department of Motor Vehicles driver license or Identification number: \_\_\_\_\_

Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_ Weight: \_\_\_\_\_ Pounds Height: \_\_\_\_\_ Feet \_\_\_\_\_ Inches

### Questions

Do you or have you ever had epilepsy or heart disease?  Yes  No

Do you have an uncorrected defect in vision, hearing or any other physical handicap?  Yes  No

Have you been a patient or inmate in an institution for the treatment of mental disease?  Yes  No

If you answered "Yes" to any of the above, your physician must submit a letter stating that you are physically and mentally capable to work in the field of explosives.

### Certification of Child Support

Are you under an obligation to pay child support? If yes, complete following items.  Yes  No

I am making payments in accordance with a plan agreed upon by the parties.  Yes  No

I am four months or more behind in the payment of child support.  Yes  No

My child support obligation is the subject of a pending court proceeding.  Yes  No

I am receiving public assistance or supplemental security income.  Yes  No

## Certificate of Competence

Check the box for each Certificate of Competence requested.

- Class A - The holder may be in charge of any above or below ground blasting operation, included in Class B and C; excluding Class D, E & F.
- Class B - The holder may be in charge of any above ground blasting operation, e.g. general construction, open surface excavation, quarries, etc; excluding Class A, C, D, E & F.
- Class C - The holder may be in charge of any below ground blasting operation, e. g. underground mines, tunneling, etc; excluding Class A, B, D, E & F.
- Class D - The holder may be in charge of any blasting operation associated with demolition of buildings and/or other structures.
- Class E - The holder may be in charge of any blasting operation associated with seismic prospecting.
- Class F - The holder may be in charge of any blasting operation associated with special uses where the total weight of explosives does not exceed 50 pounds.

Check usage for F:  Agricultural  Vessel Cleaning  Quarry Slabbing Technique  Other

Describe usage for F if not listed: \_\_\_\_\_

## Questions

Do you currently have an explosives license issued by the New York State Department of Labor?  Yes  No

License type: \_\_\_\_\_ License number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Which ATF clearance do you currently hold? (Attach a copy of your ATF Notice or Letter of Clearance.)

Responsible Person  Employee Possessor  None - Explain status: \_\_\_\_\_

## Training

List explosive/blasting training courses that you have completed in the last three years. Attach additional sheets, if necessary. Attach copies of training certificates.

Dates of training: \_\_\_\_\_ Course name: \_\_\_\_\_

Numbers of hours: \_\_\_\_\_ Provider and phone number: \_\_\_\_\_

Dates of training: \_\_\_\_\_ Course name: \_\_\_\_\_

Numbers of hours: \_\_\_\_\_ Provider and phone number: \_\_\_\_\_

## Experience

Blasting related experience. Renewal applicants need to update for past 3 years.

Employer's name (include self-employment): \_\_\_\_\_

Employer's address: \_\_\_\_\_

Dates of employment (M/Y): Start: \_\_\_\_\_ To: \_\_\_\_\_

Describe your job duties specific to certification requested and types of blasting agents used. Attach additional sheet or resume if needed.

\_\_\_\_\_  
\_\_\_\_\_

Employer's name (include self-employment): \_\_\_\_\_

Employer's address: \_\_\_\_\_

Dates of employment (M/Y): Start: \_\_\_\_\_ To: \_\_\_\_\_

Describe your job duties specific to certification requested and types of blasting agents used. Attach additional sheet or resume if needed.

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**Test Center for General Exam (first time applicants only)**

Select two locations. Put a "1" after your first location choice and a "2" after your second choice.

Albany	_____	Hicksville	_____	Nyack	_____	Rochester	_____
Binghamton	_____	Kingston	_____	Port Jefferson	_____	Saranac Lake	_____
Buffalo	_____	Middletown	_____	Station	_____	Syracuse	_____
Fredonia	_____	New York City	_____	Poughkeepsie	_____	Utica	_____

**Acknowledgement**

- I swear the information on this form is correct to the best of my knowledge.
- I am aware there are penalties for making false statements.
- I approve the Department of Labor (DOL) and the Department of Motor Vehicles (DMV) to produce an identification (ID) card for me using my DMV photo.
  - I understand my DMV photo will be used for all future license and certificate ID cards
  - I understand that DOL will send this card to the address I maintain with DOL

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Do not write in the area below. For office use only**

Control #: \_\_\_\_\_ Fee: \_\_\_\_\_

Certificate #: \_\_\_\_\_ Class: \_\_\_\_\_ Expires: \_\_\_\_\_