



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

Labor Department Use Only	
Control #	_____
Fee	_____
Cert. #	_____
Class	_____
Expires	_____

Application for a Blaster's Certificate of Competence

Check One: First time applicant - Complete all items Renewal applicant - Complete items 1 – 14.

Please type or print all answers

1. Social Security Number	2. NYS Dept. of Motor Vehicles Driver License or ID Number	3. Date of Birth M/D/Y		
4. Last Name of Applicant	First Name	Middle Initial		
5. Number and Street	City, Town, Village	State	ZIP	County
6. Area Code and Phone Number 6a.Home:	6b. Cell:	6c. Email:		

7. Physical Characteristics

a. Height: _____ ft. _____ in. b. Weight: _____ lbs. c. Hair Color: _____ d. Eye Color: _____

8a. Do you have a physical condition such as, but not limited to, epilepsy, heart disease or from an uncorrected defect in vision or hearing which might affect your ability to handle or use explosives? No Yes

8b. Have you ever been confined as a patient or inmate in an institution for the treatment of mental disease? No Yes

If "Yes" to either 8a or 8b, your physician must submit a letter stating that you are physically or mentally capable to work in the field of explosives.

9. Are you under an obligation to pay child support? If yes, complete items 1-4 below
- | | | |
|--|------------------------------|-----------------------------|
| 1. I am making payments in accordance with a plan agreed upon by the parties | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. I am four months or more behind in child support payments. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. My child support obligation is pending a court proceeding. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. I am receiving public assistance or supplemental security income. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

10. 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.
 Circle usage for F: 1 agricultural 2 vessel cleaning 3 quarry slabbing technique 4 other
 Describe usage for F if not listed: _____

11. Do you currently have an explosives license issued by the New York State Department of Labor?

Yes No License Type: _____ License # _____ Expiration Date _____

12. 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 _____

13. Training. List explosive/blasting training courses that you have completed in the last three years. Attach copies of training certificates.

Dates of Training Course Name Number of Hours Provider Phone Number of Provider

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

Name & Address of Employer (Include Self Employment)	Dates of Employment Start: :M/Y To: M/Y	Describe your job duties specific to certification requested and types of blasting agents used. Attach additional sheet or resume if needed.

15. Test Center For General Exam – (This section is for first-time applicants.) Please select two locations. Indicate first choice by putting a “1” after that location and “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 _____

I swear or affirm as true under penalties of perjury, that all the statements and information I have provided in this application are true to the best of my knowledge and belief. I further acknowledge that intentional submission of any false or misleading information to the Department of Labor in furtherance of this application may constitute a crime and/or provide grounds for the revocation of this license/certificate.

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. We will maintain this information and use it to process the application you are filing with the License & Certificate Unit. If you don't provide this information, we cannot process your application.

I understand that by signing this, I grant permission to the Commissioner of Labor to provide access to my Unemployment Insurance (UI) benefit file.

I authorize the DOL and the 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.

Date

Signature

Please see Instruction form (SH 811) regarding forms and information that will be required to complete this application.