

Ohio Department of Natural Resources
Division of Mineral Resources Management

APPLICATION FOR RENEWAL OF CERTIFICATION
AS A SURFACE MINE BLASTER

INSTRUCTIONS

1. This application is for persons seeking renewal of their blaster certification pursuant to section 1501:13-9-10 of the Ohio Administrative Code. All applications will be reviewed by the Division of Mineral Resources Management.
2. To prevent a lapse in certification, a blaster must apply for renewal, and meet all of the requirements for renewal, on or before the expiration date on his or her certificate, and may apply as early as 90 days beforehand. Failure to apply for renewal and meet all applicable requirements on or before the expiration date will cause the certification to expire at the end of the day of expiration. Failure to apply for renewal within 30 days after the expiration date will require re-examination in order to regain certification.
3. All information requested in this application is to be truthfully completed to the best of the applicant's knowledge and belief. Any applicant making false statements, or submitting false statements or signatures from employers or blasters, shall be subject to criminal prosecution, and shall be required to surrender any certificate he or she may have received from the former Mine Examining Board and/or the Division of Mineral Resources Management.
4. The application must be filled out by the applicant in ink in his or her own handwriting (please print), and sent to the **Division of Mineral Resources Management, 2207 Reiser Avenue SE, New Philadelphia, Ohio 44663.**
5. In order to be eligible for renewal, an applicant must have obtained at least 24 hours of continuing education (CE) during the current 3-year renewal period, in a course, seminar or conference offered or approved by the Division of Mineral Resources Management. At least 8 of those CE hours must have come from sources other than the applicant's employer, parent company or explosives supplier. Also, an applicant must not be addicted to alcohol, narcotics, or other dangerous drugs, and must have exhibited a pattern of conduct consistent with the acceptance of responsibility for blasting operations.
6. If the applicant submits a complete application and meets all of the CE and other requirements, the Division of Mineral Resources Management will issue a new certificate and wallet card with a new three-year expiration date.
7. If the applicant does not have enough hours to meet the CE requirements, but is planning to receive approved training no later than 30 days after the expiration date of the applicant's certification, the application will be held until the training course, seminar or conference has been completed.

*** YOU MAY KEEP THIS INSTRUCTION PAGE FOR REFERENCE *
PLEASE DO NOT SUBMIT IT WITH YOUR APPLICATION**

Ohio Department of Natural Resources
Division of Mineral Resources Management

APPLICATION FOR RENEWAL OF CERTIFICATION
AS A SURFACE MINE BLASTER

READ CAREFULLY ALL THE INFORMATION AND INSTRUCTIONS ON THE COVER PAGES BEFORE FILLING OUT THIS APPLICATION. PLEASE PRINT IN INK.

SECTION A

1. Name (as it appears on your certificate): _____
2. Social Security Number (last four digits only): _____
3. Blaster Certification Number: _____ Expiration Date: _____
4. Home Mailing Address: _____
City: _____ State: _____ Zip Code: _____ County: _____
5. Telephone: Home: (____) _____ Business: (____) _____
6. Are you currently addicted to alcohol, narcotics, or other dangerous drugs? _____
7. The Division of Mineral Resources Management's record of your continuing education (CE) experiences and accumulated hours since your last renewal date is attached. If the record shows that you have not met the requirements for total hours (24) and/or the minimum of 8 hours from sources not related to your employer, explain how you plan to obtain the required CE hours between now and 30 days past your certificate's expiration date. Or, if you have already attended approved training beyond what appears in the attached CE record, attach a copy of the course, seminar or conference certificate(s) to this application.

8. List and describe your **work experience during the past 3 years, whether related to blasting or not.**
List your most recent experience first.

Employer's Name, Address and Telephone Number	Job Title and Job Description	Dates From-To

SECTION B

THIS SECTION MUST BE SIGNED BY YOUR CURRENT OR MOST RECENT EMPLOYER OR SUPERVISOR. **(YOU MAY NOT SIGN YOUR OWN NAME.)**

IF YOU ARE NOT CURRENTLY EMPLOYED IN THE BLASTING FIELD, THIS SECTION MUST STILL BE COMPLETED. EVEN IF YOUR CURRENT OR MOST RECENT PLACE OF EMPLOYMENT IS NOT BLASTING-RELATED, YOU MAY OBTAIN THE SIGNATURE OF YOUR CURRENT OR MOST RECENT EMPLOYER OR SUPERVISOR AS TESTAMENT TO YOUR PATTERN OF CONDUCT. **(Note that if you are self-employed or the president/owner of your own company, please call the Division for other options.)**

I, the undersigned, hereby certify that _____
Name of applicant

while employed by _____, in the position of _____
Name of company or firm

exhibited a pattern of conduct consistent with the acceptance of responsibility for blasting operations.

I have known the applicant since (enter month and year): _____

Employer or Supervisor's Name: _____ Title: _____

Signature: _____ Date: _____

SECTION C

I hereby certify that the answers I have made to the items in Section A above are in my own handwriting and are full and true to the best of my knowledge and belief. I further certify that the statement provided about myself in Section B is a true and accurate statement of my employment conduct.

Signature of Applicant: _____ **Date:** _____

SEND THIS APPLICATION ONLY TO THE: **Division of Mineral Resources Management**
2207 Reiser Avenue SE
New Philadelphia, Ohio 44663

DO NOT WRITE ON THIS PAGE
FOR OFFICIAL USE ONLY

APPLICATION RECEIVED BY **DIVISION OF MINERAL RESOURCES MGMT.:** _____

REVISED APPLICATION RECEIVED: _____

HISTORY OF BLASTING-RELATED VIOLATIONS, SUSPENSIONS, AND REVOCATIONS DURING
THE LAST 36 MONTHS:

HISTORY REVIEWER: _____ DATE: _____

RECOMMENDATION (IF ANY): _____

CONTINUING EDUCATION REQUIREMENTS MET? YES / NO

If "no," describe the deficiency:

BLASTING SPECIALIST'S RECOMMENDATION: **APPROVE / DISAPPROVE**

NAME (PRINT)

SIGNATURE

DATE

IF DISAPPROVED, DATE REJECTION LETTER MAILED: _____