

OFFICIAL USE ONLY
 Blaster Number: _____
 Effective: _____ To: _____

APPLICATION FOR COAL BLASTER CERTIFICATION

ILLINOIS DEPARTMENT OF NATURAL RESOURCES
 OFFICE OF MINES AND MINERALS – EXPLOSIVES AND AGGREGATE DIVISION
 ONE NATURAL RESOURCES WAY
 SPRINGFIELD, ILLINOIS 62702-1271
 62 ILLINOIS ADMINISTRATIVE CODE 1850.15(a)

(Instructions on Reverse Side)

Print				Last Name		First		MI		Date of Birth	
Residence Address						City or Town			State	Zip Code	
County				Phone Number			Social Security Number				
Email						OFFICIAL USE ONLY					
Height ' "		Weight lbs.	Eye Color		Hair Color						

Licensure Type: Five (5) Year Original Five (5) Year Renewal Temporary

1. Are you under indictment for or have you been convicted in any jurisdiction of any felony?
 YES: _____ NO: _____

If the response above is YES, please provide specifics as to when, where and under what circumstances the conviction occurred. Attach additional sheets, if needed.

2. Have you ever been declared incompetent by any court by reasons of mental or physical defect or disease?
 YES: _____ NO: _____

If the response above is YES, please provide specifics as to the reason for the confinement. Attach additional sheets, if needed.

3. Are you now or have you ever suffered from drug or alcohol addiction or dependence?
 YES: _____ NO: _____

4. Have you ever been ordered by the court to complete drug or alcohol classes (e.g. DUI/DWI class)?
 YES: _____ NO: _____

5. Are you a United States citizen or lawfully admitted for permanent residence?
 YES: _____ NO: _____

6. Have you been dishonorably discharged from the armed services?
 YES: _____ NO: _____

I hereby affirm that the information contained in this application is true to the best of my knowledge.

Written Signature of Applicant: _____ Date: _____

INSTRUCTIONS

1. Type or print with black or dark blue ink.
2. Provide all information and answer all questions required on reverse side. Incomplete or incorrect applications will be returned.
3. Applicant shall provide the following to the Department for certification:
 - a. A notarized statement from the applicant's employer or a licensed blaster having personal knowledge of the applicant's blasting experience relating to the subjects listed in Section 1850.13(b) of this Part and affirming that the applicant has had at least two (2) years blasting experience.
 - b. Proof that the applicant has successfully completed a blaster training course or courses that cover the material listed in 62 Ill. Adm. Code 1850.13(b) or an explanation as to how the applicant will complete such training prior to the examination.
4. Applicants who are renewing a previously issued license need only bring an original application unless otherwise informed.

The applicant will be informed, in writing, whether his application has been accepted or rejected and the reason(s), if appropriate, for the rejection.

NOTICE - This agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 225 ILCS 720. Disclosure of this information is voluntary; however, failure to comply may result in this form not being processed.

(Revised 12/23)