

APPLICATION FOR ARKANSAS BLASTING CARD

Please complete all sections.

Type of card requested: ___ Renewal - Arkansas Blasting Card which is within one year of expiration date.
 ___ Reciprocal – Current Blasting Card Issued by another State.
 ___ Initial – Have not held a blasting card for over one year.

Your Name _____	Your Job Title _____
Your Employer _____	_____
Address _____	_____
City _____ ST _____	Zip _____
Phone _____	County _____
Email _____	_____
High School Grad. _____	GED through _____
Your Job Duties _____	_____
Blasting License #: _____	License Exp. Date _____
Enter state name if you are a licensed blaster in any other state: _____	
Enter the number of years employed as a Blaster or Driller: _____	
Supervisor's Name _____	Supervisor's Title _____
Employer Name _____	
Address _____	
City _____	ST _____ Zip _____
Phone _____	County _____
FAX _____	Number of Employees _____
MSHA ID# (if applicable) _____	
Training Completed (include appropriate documentation): _____	

_____ Signature	_____ Date

THIS SECTION IS FOR AGENCY USE ONLY:

Date Received _____ Date Confirmed _____

Fees: \$25.00 - Fees are non-refundable. PLEASE MAKE PAYMENT TO: Arkansas Department of Labor

MAIL PAYMENT AND A COPY OF THIS REGISTRATION FORM TO:

ATTENTION: Joe Scheyder
Blasting
Arkansas Department of Labor
10421 West Markham Street
Little Rock, AR 72205-2190

For questions, please call Joe Scheyder at (501) 690-9244