

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 and Licensing
900 West Capitol Suite 400
Little Rock, AR 72201

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