

EIGHT HOUR BLASTING REFRESHER TRAINING REGISTRATION FORM

Please complete all sections.

Class Date: _____

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) _____

Signature Date

Please present a photo ID to attend the class.

THIS SECTION IS FOR AGENCY USE ONLY:

Date Received _____ Date Confirmed _____

Fees: \$25.00 for refresher courses. 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
Little Rock, AR 72201

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