

TO: BLASTING SUPERVISOR  
ARKANSAS DEPARTMENT OF LABOR AND LICENSING  
900 WEST CAPITOL SUITE 400  
LITTLE ROCK, AR 72201

**NOTICE OF INTENT TO CONDUCT BLASTING**

Pursuant to Section 7 of Arkansas Act 814, effective July 1, 1995, this is to notify you of the intention to conduct blasting at the following operation:

Mine Name: \_\_\_\_\_ MSHA ID# \_\_\_\_\_

Mine Location: \_\_\_\_\_  
(including county)

Operator Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone#: ( ) \_\_\_\_\_ Fax#: ( ) \_\_\_\_\_

Date Operation Commenced: \_\_\_\_\_  
(Or Ownership Changed)

Blasting Will Commence: \_\_\_\_\_

If blasting will be conducted by a contract blaster, please furnish the following information:

Contractor: \_\_\_\_\_ ID#: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone#: ( ) \_\_\_\_\_ Fax#: ( ) \_\_\_\_\_

Blaster Name(s): \_\_\_\_\_ License/ID#: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Records of blasting operations will be maintained at:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title