



**APPLICATION FOR RECERTIFICATION
 DMLR ENDORSEMENT
 BLASTER'S CERTIFICATION**

NAME			
	Last	First	Middle Initial
ADDRESS			
	Street/P. O. Box	City/State	Zip Code
Telephone No.			

<input type="checkbox"/>	I was previously certified as a Blaster by the Division of Mines. (DM Certification number →)	
Please check the type of Recertification being applied for:		
<input type="checkbox"/>	To take the Division of Mined Land Reclamation's endorsement examination. I understand that to be certified, I must achieve the required score (85% or better) to receive the endorsement. Should I fail to achieve the acceptable score, I understand that I must retake the Division of Mine's Blaster's examination and the DMLR endorsement examination. The DM will inform me of the appropriate examination date(s).	

<input type="checkbox"/>	To obtain the Recertification, based upon Work Experience. I understand that the Division may approve recertification based upon my work experience as a certified blaster during two of the last three years for the following surface coal mining operations. I have provided a description of my experience in blasting related activities for the following company(ies) on Page 2 of this application form:		
	Company Name	Address	
	Permit No(s).		
	Certification of Blasting Experience	I hereby affirm, with knowledge of the penalties provided under 45.1-246(G) ¹ of the Code of Virginia , that I worked for _____ months with this company in a capacity which demonstrates my competency in blasting activities.	
	Company Name	Address	
	Permit No(s).		
	Certification of Blasting Experience	I hereby affirm, with knowledge of the penalties provided under 45.1-246(G) of the Code of Virginia , that I worked for _____ months with this company in a capacity which demonstrates my competency in blasting activities.	
Signature		Date	

¹ 45.1-246(G): "Whoever knowingly makes any false statement, representation or certification, or knowingly fails to make any required statement, representation or certification, in any application, shall, upon conviction thereof, be punished by a fine of not more than ten thousand dollars, or by confinement in jail for not more than twelve months, or both."

Company Name	
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I hereby affirm that the person applying for the aforementioned recertification has worked for this company during the following specified period in a capacity, which demonstrates blaster's competency:

Job Title of Applicant		Employment Date, from		to	
Brief Description of Duties Performed					

Company Official's Name (print)		Title	
Signature		Date	

NOTARIZATION:

State of _____, County/City of _____ to wit:
 Subscribed and affirmed to before me by _____ this _____ day of _____, 20 ____ .

Notary Public Signature²		My Commission Expires (attach seal)	
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Notary Registration No. _____

Company Name	
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I hereby affirm that the person applying for the aforementioned recertification has worked for this company during the following specified period in a capacity which demonstrates blaster's competency:

Job Title of Applicant		Employment Date, from		to	
Brief Description of Duties Performed					

Company Official's Name (print)		Title	
Signature		Date	

NOTARIZATION:

State of _____, County/City of _____ to wit:
 Subscribed and affirmed to before me by _____ this _____ day of _____, 20 ____ .

Notary Public Signature		My Commission Expires (attach seal)	
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Notary Registration No. _____

² Pursuant to §47.1-15(3) of the Code of Virginia, as amended, the notarial certificate wording must be contained on the same page as the signature being notarized.