

MARY ANN PRITCHARD
DIRECTOR



MARY FALLIN
GOVERNOR

STATE OF OKLAHOMA
DEPARTMENT OF MINES

OKLAHOMA APPLICATION FOR A BLASTING PERMIT
Compliance and Related Information (Section 2)

DATE _____

Name of Company

Mine Name or Number

Company address

Street, RFD or Box

City

State

Zip

NOTE: ANSWER ALL QUESTIONS ON THIS FORM. (If no answer, write "none"). PROPERLY IDENTIFY AND SECURE ANY ATTACHED EXHIBITS, IF USED. PLEASE REFER TO THE SPECIFIC ITEM NUMBER OF THIS FORM.

IDENTIFICATION OF INTERESTS: In Compliance with section 460:25-5-5 of the Rules and Regulations for Blasting, the APPLICANT is required to furnish the following:

460:25-5-5

1a. Applicant is an Individual or Single Proprietorship () If yes, provide Social Security #: _____

1b. Applicant is a: Corporation () Joint Venture () Partnership () Other

2. Please provide the names of every officer, partner, director, or other person performing

Name	Address	City	State	Zip	Position
_____ Name	_____ Address	_____ City	_____ State	_____ Zip	_____ Position
_____ Name	_____ Address	_____ City	_____ State	_____ Zip	_____ Position
_____ Name	_____ Address	_____ City	_____ State	_____ Zip	_____ Position

COMPLIANCE INFORMATION

460:25-5-6

1. Has the application for the permit, or any subsidiary, affiliate or, by, or under common control with the applicant had a suspended or revoked permit in the last five (5) years? ___ Yes ___ No
2. If the answer to the above question was yes, applicant should provide the following information:

460:25-5-6(2)(A)

Permit Identification # _____ Date of Issuance _____

460:25-5-6(2)(B)

What is the current status of the permit involved?

460:25-5-6(C)

Provide the date, location and type of any administrative or judicial proceedings initiated concerning the suspension, revocation or forfeiture:

Date

Location

Type

460:25-5-6(D)

What is the current status of these proceedings?
