MARY ANN PRITCHARD
DIRECTOR

MARY FALLIN
GOVERNOR

STATE OF OKLAHOMA
DEPARTMENT OF MINES

APPLICATION FOR BLASTING PERMIT

IN ACCORDANCE WITH 63 O.S., (1995) 123.1 et seq.
(SECTION 1)

DATE:_____

PERMIT TYPE: _____One Time _____Limited Time _____Continuous Blasting Operations

If this is for renewal of a current blasting permit, list your permit number: _____

CORPORATION/BUSINESS NAME_____

_____
Mailing Address (Street, R.F.D., Box No.) City State Zip

_____
Physical Address of Business (Location where blasting records are held for review)

_____/_____
Federal Tax ID# Business Telephone Number Fax Number

I hereby make application for a permit to use explosives or engage in blasting in the State of Oklahoma.

PLEASE ATTACH COPIES OF THE FOLLOWING: (For all Certified Blasters)

- Copy of the Blaster's Certificate
- Any information concerning administrative or judicial proceedings in which the applicant is involved and the current status; notification of permit suspension or revocation (460:25-5-6)
- Verification of application
- Proof of Liability Insurance (460:25-11-3)

OFFICIAL USE ONLY

DATE RECEIVED: _____
DATE APPLICATION WAS APPROVED: _____
STATE PERMIT NUMBER: _____
RENEWAL DATE FOR PERMIT: _____