

MARY ANN PRITCHARD
DIRECTOR



BRAD HENRY
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 similar duties or responsibilities.

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 applicant 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
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460:25-5-6(D)

What is the current status of these proceedings? _____
