



**OKLAHOMA
NON-MINING BLASTING PERMIT
APPLICATION**

**PSC INDUSTRIAL
OUTSOURCING, LP**

POSTED FROM

10/24/16 to 11/07/16

31017

DEPARTMENT OF MINES
2915 N. CLASSEN BLVD., STE 213
OKLAHOMA CITY, OK 73106
405/427-3859

62430

DATE 10/21/10

RECEIVED FROM PSC Industrial Outsourcing, LP

THE SUM OF One hundred fifty DOLLARS \$ 150.00

FOR NIM Permit App Renewal P 092

AMOUNT OF ACCOUNT \$ # 319040

AMOUNT PAID.....\$ _____

BALANCE DUE.....\$ _____

CASH CHECK M.O. CREDIT CARD

Thank You!

BY [Signature]

MARY ANN PRITCHARD
DIRECTOR



MARY FALLIN
GOVERNOR

STATE OF OKLAHOMA
DEPARTMENT OF MINES

RECEIVED
OCT 21 2016
DEPT. OF MINES

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

DATE: OCT 17TH 2016

PERMIT TYPE: One Time Limited Time Continuous Blasting Operations

If this is for renewal of a current blasting permit, list your permit number: #P-092

CORPORATION/BUSINESS NAME PSC INDUSTRIAL OUTSOURCING, LP

78 N. DYNAMICS DR. PUEBLO WEST CO 81007
Mailing Address (Street, R.F.D., Box No.) City State Zip

78 N. DYNAMICS DR. PUEBLO WEST CO 81007
Physical Address of Business (Location where blasting records are held for review)

273065989 719/647-8888 719/647-8986
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: 10/21/16
DATE APPLICATION WAS APPROVED: _____
STATE PERMIT NUMBER: P-092
RENEWAL DATE FOR PERMIT: 12/25/17

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 OCT 17TH, 2014

ASC INDUSTRIAL OUTSOURCING, LP # P-092
Name of company Mine name or number

78 N. DYNAMICS DR. FUEBLO WEST CO 81007
Company address Street, RFD or Box City State Zip Code

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 (N/A) If yes, provide Social Security #: NONE

1b. Applicant is a: () Corporation () Joint Venture () Partnership () Other NONE

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

JEREMY BAUGHMAN 2065 BIRCH WAT MEUVEEN CO 80543 EXPLOSIVE SUPERVISOR
Name Address City State Zip Position

KYLE BEEK 21603 CR 43 OHAYRNE WELLS CO 80810 EXPLOSIVE SUPERVISOR
Name Address City State Zip Position

TEEN YENTERA 28 EAGLE WEST LN LARAMIE WY 82070 EXPLOSIVE MANAGER
Name Address City State Zip Position

DUSTY HORN 403 W PEN HEIGHT DR FUEBLO WEST CO 81007 AREA MANAGER
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 has 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 # NONE Date of Issuance NONE

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

What is the current status of the permit involved? NONE

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
<u>NONE</u>		

460:25-5-6(D)

What is the current status of these proceedings? NONE

CERTIFIED BLASTERS

BLASTER'S STATE CERTIFICATION #: Nm 14-016

ISSUED DATE: Nov 24th, 2014 EXPIRATION DATE: Nov 24th, 2016

JEREMY ZANE BAUGHMAN 970-381-1704
Name of Certified Blaster Telephone Number

BLASTER'S STATE CERTIFICATION #: _____

ISSUED DATE: _____ EXPIRATION DATE: _____

Name of Certified Blaster Telephone Number

BLASTER'S STATE CERTIFICATION #: _____

ISSUED DATE: _____ EXPIRATION DATE: _____

Name of Certified Blaster Telephone Number

BLASTER'S STATE CERTIFICATION #: _____

ISSUED DATE: _____ EXPIRATION DATE: _____

Name of Certified Blaster Telephone Number

BLASTER'S STATE CERTIFICATION #: _____

ISSUED DATE: _____ EXPIRATION DATE: _____

Name of Certified Blaster Telephone Number

No. **NM 14-016**



State of Oklahoma
Non-Mining
Blaster Certificate

This certifies that JEREMY ZANE BAUGHMAN has successfully completed the requirements of a Non-Mining Certified Blaster and is duly registered with the Oklahoma Department of Mines.

Dated this 24th day of November, 2014

A handwritten signature in blue ink, appearing to read "Mary Lou Stitzel".

Director, Oklahoma Department of Mines
O.S. Title 63, Section 123.1 et. seq.

Certificate Expiration Date: 11/24/2016





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/01/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh USA Inc 500 Dallas St, Suite 1500 Houston, TX 77002 CN102778281--GAWXP-16-17	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL: ADDRESS:	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
INSURED PSC Industrial Outsourcing, LP 78 N. Dynamics Dr Pueblo West, CO 81007-1482	INSURER A : ACE American Insurance Company	NAIC # 22667
	INSURER B : Lexington Insurance Company	19437
	INSURER C : Indemnity Ins Co Of North America	43575
	INSURER D :	
	INSURER E :	
INSURER F :		

COVERAGES **CERTIFICATE NUMBER:** HOU-002682317-04 **REVISION NUMBER:** 11

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SIR: \$750,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			XSL G27405770	03/01/2016	03/01/2017	EACH OCCURRENCE	\$ 2,250,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$ 2,250,000
							GENERAL AGGREGATE	\$ 4,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,250,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			ISA H09041011	03/01/2016	03/01/2017	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			086396883	03/01/2016	03/01/2017	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WLR C48602897 (AOS)	03/01/2016	03/01/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
C				WLR C48602885 (AZ, CA, MA)	03/01/2016	03/01/2017	E.L. EACH ACCIDENT	\$ 1,000,000
A				RWC C48602903 (WI, NJ)	03/01/2016	03/01/2017	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	Contractor's Professional & Pollution Liability			CEO G20581955 008	12/01/2015	12/01/2018	Per Claim	5,000,000
				SIR. \$1,000,000			All Claims	5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The Certificate Holder is included as Additional Insured for General Liability, Auto and Excess Liability, as required by written contract subject to policy terms, conditions and exclusions. Waiver of Subrogation is in favor of the certificate holder for the General Liability, Auto, Excess Liability and Workers' Compensation policies referenced herein as required by written contract

CERTIFICATE HOLDER**CANCELLATION**

State of Oklahoma Department of Mines 2915 N Classen, Suite 213 Oklahoma City, OK 73106	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Jessie Guerrero

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ADDITIONAL REMARKS SCHEDULE

AGENCY Marsh USA Inc		NAMED INSURED PSC Industrial Outsourcing, LP 78 N. Dynamics Dr Pueblo West, CO 81007-1482	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

PSC Industrial Holdings Corp. has agreed that, within 30 days after receipt of notice of cancellation of the insurance policies referenced above from the applicable insurers, PSC Industrial Holdings Corp. or its designee will send a copy of such notice to the Certificate Holder of this Certificate. Such notice is not a right or obligation within the policies, it does not alter or amend any coverage, it will not extend any policy cancellation date and it will not negate any cancellation of the policy. Failure to provide a copy of such notice to the Certificate Holder shall impose no obligation or liability of any kind upon the insurer or its agents or representatives.

VERIFICATION OF BLASTING PERMIT APPLICATION

In accordance with 460:25-5-8 of the State of Oklahoma Blasting Regulations this is verification that the information contained in this application is true and correct to the best of my information and belief; and the applicant has not had a permit suspended or revoked in the last five years.



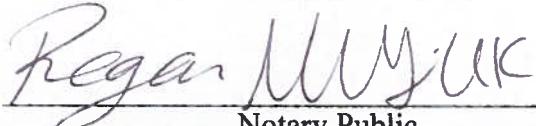
Signature of an Official of the Company

EXPLOSIVE SUPERVISOR

Title of Official

ATTEST:

Subscribed and sworn to before me this 17th day of October 20 16



Notary Public

My Commission Expires:

10/31/18

