

OFFICIAL USE ONLY

Blaster Number: _____

Effective: _____ To: _____

APPLICATION FOR AGGREGATE BLASTER LICENSURE

ILLINOIS DEPARTMENT OF NATURAL RESOURCES
 OFFICE OF MINES AND MINERALS – EXPLOSIVES AND AGGREGATE DIVISION
 ONE NATURAL RESOURCES WAY
 SPRINGFIELD, ILLINOIS 62702-1271
 62 ILLINOIS ADMINISTRATIVE CODE 300.237(a)

(Instructions on Reverse Side)

Print	Last Name	First	MI	Date of Birth / /	
Residence Address			City or Town		State Zip Code
County		Phone Number		Social Security Number	
Email			OFFICIAL USE ONLY		
Height ' "	Weight lbs.	Eye Color	Hair Color		

Licensure Type: Five (5) Year Original Five (5) Year Renewal Temporary

1. Are you under indictment for or have you been convicted in any jurisdiction of any felony?

YES: _____ NO: _____

If the response above is YES, please provide specifics as to when, where and under what circumstances the conviction occurred. Attach additional sheets, if needed.

2. Have you ever been declared incompetent by any court by reasons of mental or physical defect or disease?

YES: _____ NO: _____

If the response above is YES, please provide specifics as to the reason for the confinement. Attach additional sheets, if needed.

3. Are you now or have you ever suffered from drug or alcohol addiction or dependence?

YES: _____ NO: _____

4. Have you ever been ordered by the court to complete drug or alcohol classes (e.g. DUI/DWI class)?

YES: _____ NO: _____

5. Are you a United States citizen or lawfully admitted for permanent residence?

YES: _____ NO: _____

6. Have you been dishonorably discharged from the armed services?

YES: _____ NO: _____

I hereby affirm that the information contained in this application is true to the best of my knowledge.

Written Signature of Applicant: _____ Date: _____

INSTRUCTIONS

1. Type or print with black or dark blue ink.
2. Provide all information and answer all questions required on reverse side. Incomplete or incorrect applications will be returned.
3. Applicant shall provide the following to the Department for licensure:
 - a. A notarized statement from the applicant's employer or a licensed blaster having personal knowledge of the applicant's blasting experience relating to the subjects listed in Section 300.235(b) of this Part, and affirming that the applicant has had at least two (2) years blasting experience; **or**

A notarized statement from an Illinois licensed blaster who directly supervised the applicant, affirming that the applicant has experience with the following: proper blast design to comply with the regulatory requirements of this Part, drilling, loading, initiation systems and delay timing, monitoring requirements, and blast zone security and safety. The applicant's experience shall have included detailed involvement with at least 120 blasts.
 - b. A fee in the form of a cashier's check, company check, personal check or money order payable to the Department of Natural Resources, Office of Mines and Minerals.
 - i. Application fee \$150.00
 - ii. Reexamination fee \$50.00
 - iii. Renewal fee \$150.00
 - iv. Temporary license fee \$150.00
4. New applicants must present, for review prior to the examination, an original application and original notarized statement of experience. Applicants who are renewing a previously issued license need only bring an original application unless otherwise informed.

The applicant will be informed, in writing, whether his application has been accepted or rejected and the reason(s), if appropriate, for the rejection.

NOTICE - This agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 225 ILCS 715. Disclosure of this information is voluntary; however, failure to comply may result in this form not being processed.