

COMMONWEALTH OF VIRGINIA VIRGINIA DEPARTMENT OF ENERGY MINED LAND REPURPOSING 3405 MOUNTAIN EMPIRE ROAD; BIG STONE GAP, VA 24219 TELEPHONE: (276) 523-8100

APPLICATION FOR RECERTIFICATION MLR ENDORSEMENT BLASTER'S CERTIFICATION

NAME												
			Last		Fir	Middle Initial						
ADDRESS												
			Street/P. O. Box	City/State			Zip Code					
Telephone No.												
	•	1		D	(C .: C							
I was previously certified as a Blaster by the Coal Mine Safety Program. (Certification number)												
Please check the type of Recertification being applied for:												
	To take the Mined Land Repurposing's endorsement examination. I understand that to be certified, I must achieve the required score (85% or better) to receive the endorsement. Should I fail to achieve the acceptable score, I understand that I must retake the Coal Mine Safety Program's Blaster's examination and the MLR endorsement examination. The Coal Mine Safety Program will inform me of the appropriate examination date(s).											
	To obtain the Recertification, based upon Work Experience. I understand that the Program may approve recertification based upon my work experience as a certified blaster during two of the last three years for the following surface coal mining operations. I have provided a description of my experience in blasting related activities for the following company(ies) on Page 2 of this application form:											
	Compan	y Name		1	Address							
	Permit	No(s).		•	•							
	Certifica Blass Exper	ting	Virginia, that I worked for months with this company in a capacity which									
	Compan	y Name		1	Address							
	Permit	No(s).			- L							
	Certifica Blass Exper	ting		ereby affirm, with knowledge of the penalties provided under 45.1-246(G) of the Code of ginia , that I worked for months with this company in a capacity which demonstrates competency in blasting activities.								
Signatu	re				Da	nte						
Digitatu					Da							

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¹ 45.1-246(G): "Whoever knowingly makes any false statement, representation or certification, or knowingly fails to make any required statement, representation or certification, in any application, shall, upon conviction thereof, be punished by a fine of not more than ten thousand dollars, or by confinement in jail for not more than twelve months, or both."

Company Name								
I hereby affirm during the following spe		on applying for the aform a capacity, which of					his co	ompany
Job Title of Applicant			Employment Date, from				to	
Brief Description of Duties Performed								
Company Official's Na	ame (print)				Title			
Signature					Date			
NOTARIZATION:								
State of	, County/City	of	to w	it:				
Subscribed and	affirmed to l	before me by				this _		day
of		, 20						
Notary Public Signature ²					ommissio (attach s	on Expires eal)		
Notary Registration No.								
Company Name								
I hereby affirm during the following spe		on applying for the after a capacity which d					his co	ompany
Job Title of Applicant			Employment Date, from				to	
Brief Description of Duties Performed								
Company Official's Na	ame (print)				Title			
Signature					Date			
NOTARIZATION:								
State of		, County/City	of	to w	it:			
Subscribed and of		before me by, 20				t	his _	day
Notary Public Signature				My Commission Expires (attach seal)				
Notary Registration No.								

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 $^{^{2}}$ Pursuant to \$47.1-15(3) of the Code of Virginia, as amended, the notarial certificate wording must be contained on the same page as the signature being notarized.