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 | First | Middle Initial |
| **ADDRESS** |  |  |  |
|  | Street/P. O. Box | City/State | Zip Code |
| **Telephone No.** |  |  | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | 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: | | | |
|  | Company Name |  | Address |  |
| Permit No(s). |  | | |
|  | Certification of Blasting Experience | I hereby affirm, with knowledge of the penalties provided under 45.1-246(G)1 of the **Code of Virginia**, that I worked for months with this company in a capacity which demonstrates my competency in blasting activities. | | |
|  | Company Name |  | Address |  |
| Permit No(s). |  | | |
|  | Certification of Blasting Experience | I hereby affirm, with knowledge of the penalties provided under 45.1-246(G) of the **Code of Virginia**, that I worked for months with this company in a capacity which demonstrates my competency in blasting activities. | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |

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 that the person applying for the aforementioned recertification has worked for this company during the following specified period in a capacity, which demonstrates blaster’s competency:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title of Applicant |  | Employment Date, from |  | to |  |
| Brief Description of Duties Performed |  | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Company Official’s Name (print) |  | Title |  |
| **Signature** |  | Date |  |

# NOTARIZATION:

State of , County/City of to wit:

Subscribed and affirmed to before me by this day of , 20 .

|  |  |  |  |
| --- | --- | --- | --- |
| **Notary Public Signature2** |  | **My Commission Expires**  (attach seal) |  |

# Notary Registration No.

**Company Name**

I hereby affirm that the person applying for the aforementioned recertification has worked for this company during the following specified period in a capacity which demonstrates blaster’s competency:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title of Applicant |  | Employment Date, from |  | to |  |
| Brief Description of Duties Performed |  | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Company Official’s Name (print) |  | Title |  |
| **Signature** |  | Date |  |

# NOTARIZATION:

State of , County/City of to wit:

Subscribed and affirmed to before me by this day of , 20 .

|  |  |  |  |
| --- | --- | --- | --- |
| **Notary Public Signature** |  | **My Commission Expires**  (attach seal) |  |

# Notary Registration No.

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**.