



**ENERGY AND ENVIRONMENT CABINET
DIVISION OF MINE SAFETY
BLASTER AFFIDAVIT FOR UNDERGROUND MINES**

TYPE OF CERTIFICATION _____ DATE _____

FULL NAME _____ JOB DESCRIPTION _____
Last First M.I.

HOME PHONE _____ DATE OF BIRTH _____ AGE _____

MINER I.D. # _____ RETRAINING _____
EXPIRATION DATE

UNDERGROUND MINING EXPERIENCE _____ SURFACE MINING EXPERIENCE _____

PRESENT EMPLOYER _____ MINE PHONE # _____

NAME OF OWNER OR OPERATOR _____ MINE NAME _____

COMPANY ADDRESS _____ ZIP CODE _____

MSHA I.D. NUMBER _____ STATE FILE NUMBER _____

THIS IS TO CERTIFY THAT I HAVE _____ YEARS UNDERGROUND MINING EXPERIENCE.

SIGNATURE