



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

TYPE OF CERTIFICATION Conventional Solid Blasting Drill Operator DATE

FULL NAME Last First M.I. JOB DESCRIPTION

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

I CERTIFY UNDER PENALTY OF PERJURY THAT I HAVE YEARS OF UNDERGROUND MINING EXPERIENCE.

SIGNATURE

The foregoing instrument was acknowledged before me by

this day of ,20 .

NOTARY SEAL

Notary Public ,KY

My Commission Expires