



Certificate of Experience Affidavit

Submit this form after it has been signed by persons having knowledge of your experience with Construction Blasting

Applicant Name: _____
First Name Last Name

Employer/Business Name: _____

Employer/Business Address: _____
Street City State Zip

List all types of explosives and the applied use of the explosives that the above-named applicant has experience with:

From: MM/YY	To: MM/YY	Type(s) of Explosives Used	Applied Use of Explosives

I hereby certify that the above-named applicant has obtained the necessary experience and the applied use of the explosives specified above:

Signature of person verifying experience

Date

Printed name of person verifying experience

BUSINESS STANDARDS DIVISION

Blaster, Boiler, Crane, Elevator, and Fire Protection License Programs

301 S Park Ave - PO Box 200513 - Helena, MT 59620-0513 - (406) 444-6880 - dlibsdlhelp@mt.gov