

## MONTANA CONSTRUCTION BLASTER APPLICATION

301 South Park Avenue  
PO Box 200513  
Helena Montana 59620-0513  
Phone: 406-444-6880 Fax: 406-841-2305  
E-Mail [dlibsdhhelp@mt.gov](mailto:dlibsdhhelp@mt.gov)  
WEBSITE: [www.Constructionblaster.mt.gov](http://www.Constructionblaster.mt.gov)

### APPLICATION PROCEDURES FOR:

## MONTANA CONSTRUCTION BLASTER LICENSURE

### **\*ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED\***

(Please allow 14 days for processing from the date that the Department receives your complete application)

### GENERAL INFORMATION:

1. Applications will not be processed without the application fee included.
2. Written notification will be sent to the preferred mailing address within 14 days of receipt of the application.
3. Licensees are required to know and adhere to the laws and rules pertaining to the Montana Construction Blaster Program. You may find the current Statutes and Rules on our website at [www.constructionblaster.mt.gov](http://www.constructionblaster.mt.gov)

### LICENSE REQUIRMENTS:

1. Training and Experience:
  - a. At least 2 years of experience in construction blasting as defined by ARM 24.131.301

**\*\*\*AND\*\*\***

b. Successful completion of a 24 hour training program in construction blasting that has been recognized by the explosives or construction industry and approved by the department.

**OR**

2. Reciprocity
  - a. Provide a copy of the license held in another jurisdiction
  - b. Blaster licensing requirements from the state you hold the license.
  - c. Contact information from the state licensed in, if known. \_\_\_\_\_

\* ***“Construction blasting” means the use of explosives to reduce, destroy, or weaken residential, commercial or other buildings; or excavate any trench, ditch, cut or hole, or reduce, destroy, weaken or cause a change in grade of any land formation in the construction of any building, highway, road, pipeline, sewer line, or electric or other utility.***

#### **FEES:**

Application Fee - \$75  
Annual Renewal Fee - \$40.00

#### **APPLICATION PROCEDURES:**

1. Complete the application in its entirety. ***Incomplete applications will be returned.***
2. Submit the application with the required fee. Make checks or money orders payable to the CONSTRUCTION BLASTER PROGRAM.
3. Certificate of Experience must be signed by the person familiar with your experience; ***you cannot sign the certificate yourself.***
4. Completion certificate of a safety course must be included.

#### **RENEWAL LICENSURE INFORMATION:**

1. Licenses will expire annually on January 1.
2. Failure to renew license by January 1 will require the licensee to pay the applicable late fee before the license can be renewed.
3. The Department will mail a renewal reminder to the preferred mailing address on file approximately two months prior to the license expiration date. You are responsible for updating your current mailing address. Failure to inform the Department of address changes will most likely result in you not receiving your renewal.

**MONTANA CONSTRUCTION BLASTER PROGRAM**  
301 South Park Avenue  
PO Box 200513  
Helena Montana 59620-0513  
Phone: 406-444-6880 Fax: 406-841-2305  
E-Mail [dlibsdhhelp@mt.gov](mailto:dlibsdhhelp@mt.gov)  
WEBSITE: [www.Constructionblaster.mt.gov](http://www.Constructionblaster.mt.gov)

**APPLICATION FOR CONSTRUCTION BLASTER**

**\*ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED\***  
(Please allow 14 days for processing from the date that the department has received your complete routine application)

**Training & Experience** \_\_\_\_\_ **\$75** or **Reciprocity** \_\_\_\_\_ **\$75**

Full Name \_\_\_\_\_  
Last First Middle

Other Name(s) Known By \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ E-mail Address \_\_\_\_\_

SOCIAL SECURITY NUMBER/FEDERAL IDENTIFICATION NUMBER: \_\_\_\_\_

1. Are you a United States Citizen?  YES  NO
2. If you answered NO to question 1 above, are you (please check one of the following):
  - A "qualified alien" as defined in USC § 1641. See, 8 USC § 1621a (1).
  - A nonimmigrant under the immigration and Nationality Act, 8 USC § 1101 et seq. See, 8 USC § 1621a (2).
  - A nonimmigrant whose visa for entry is related to such employment in the U.S. See, 8 USC § 1621c (2)(A)
  - A foreign national not physically present in the United States. See, 8 USC § 1621c (2)(C).
  - Other—Please provide detailed explanation: \_\_\_\_\_

Please indicate your preferred mailing address  
 Residential  Business

Residential Information

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Address \_\_\_\_\_

Zip Code \_\_\_\_\_

City, State \_\_\_\_\_

Business (Present Employer) Information

Business Name \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Address \_\_\_\_\_

Zip Code \_\_\_\_\_

City, State \_\_\_\_\_

## **PERSONAL HISTORY QUESTIONS IMPORTANT INSTRUCTIONS AND NOTICE**

1. Please read the following questions carefully. Giving an incomplete or false answer is unprofessional conduct and may result in denial of your application or revocation of your license. See, 37-1-105, MCA.
2. You have a continuing duty to update the information you provide in your application and supplemental responses, including while your application is pending and after you are granted a license.
3. Upon submittal of your application form, for every "yes" answer provided, you will receive a request for specific information or documents associated with the question. Your application is not complete until staff receive all information requested.

### **PERSONAL HISTORY QUESTIONS**

(Circle Yes or No)

- |   |     |    |
|---|-----|----|
| 1. Have you ever had any license, certificate, registration, or other privilege to serve as a volunteer or practice a profession denied, revoked, suspended, or restricted by a public or private local, state, federal, tribal, religious, or foreign authority? | YES | NO |
| 2. Have you ever surrendered a credential like those listed in number 1, in connection with or to avoid action by a public or private local, state, federal, tribal, religious, or foreign authority?   | YES | NO |
| 3. Have you ever resigned to avoid discipline, been suspended, or been terminated from a volunteer or employment position?  | YES | NO |
| 4. Have you ever been required to participate in a behavioral modification or assistance program in lieu of suspension or termination from a volunteer or employment position?  | YES | NO |
| 5. Have you ever withdrawn an application for any professional license?   | YES | NO |
| 6. As of the date of this application, are you aware of any pending complaint, investigation, or disciplinary action related to any professional license you hold?  | YES | NO |
| 7. Are you under a current order that remains unsatisfied (e.g., fines unpaid, probation not concluded, conditions unmet?)  | YES | NO |

**"Chemical substances" include alcohol, drugs, or medications, whether taken legally or illegally.**

- |  |     |    |
|--|-----|----|
| 8. Do you have any medical, physiological, mental, or psychological condition which in any way currently (within the last 6 months) impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? | YES | NO |
| 9. Do you currently (within the last 6 months) use one or more chemical substances in any way which impairs or limits your ability to practice your profession or occupation with reasonable skill and safety?                                 | YES | NO |

**The following information is provided for Question 10 below:**

*A criminal conviction may not automatically bar you from receiving a license. For more information about how a criminal conviction may impact your application, consult the board or program website.*

- |   |     |    |
|---|-----|----|
| 10. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or sentence deferred or suspended as an adult or “juvenile convicted as an adult” in any state, federal, tribal, or foreign jurisdiction? | YES | NO |
| 11. Are you now subject to criminal prosecution or pending criminal charges?  | YES | NO |
| 12. Have you ever been disciplined, censured, expelled, denied membership or asked to resign from a professional society or organization?   | YES | NO |
| 13. Have you ever had a civil judgment entered against you in a lawsuit for incompetence, negligence, or malpractice in practicing any profession?  | YES | NO |
| 14. Have you ever been disqualified from working with children, elderly persons, mentally ill persons, or other vulnerable persons?   | YES | NO |

## CONSTRUCTION BLASTING EMPLOYMENT RECORD:

Please type or print names and addresses of employment:

Business Name:	Dates	From:	To:
Address:			
Phone Number:			
Applied Use of Explosives:			
Actual hours per week working with Explosives:			
Blaster who certified the hours worked:			
Address of Certifying Blaster: Phone Number of Certifying Blaster: License Number (and state) of Certifying Blaster:			

Business Name:	Dates	From:	To:
Address:			
Phone Number:			
Applied Use of Explosives:			
Actual hours per week working with Explosives:			
Blaster who certified the hours worked:			
Address of Certifying Blaster: Phone Number of Certifying Blaster: License Number (and state) of Certifying Blaster:			

Business Name:	Dates From:	To:
Address:		
Phone Number:		
Applied Use of Explosives:		
Actual hours per week working with Explosives:		
Blaster who certified the hours worked:		
Address of Certifying Blaster:		
Phone Number of Certifying Blaster:		
License Number (and state) of Certifying Blaster:		

Please list all Professional Licenses you hold, or have ever held

- Provide a copy of the license held in another jurisdiction
- Blaster licensing requirements from the state you hold the license.
- Contact information from the state licensed in, if known. \_\_\_\_\_

State	License Number	Issue Date	Expiration Date	License Method	Requested State Verification
				__Exam   Endorse   Other	__Yes   No
				__Exam   Endorse   Other	__Yes   No
				__Exam   Endorse   Other	__Yes   No

### CERTIFICATE OF EXPERIENCE AFFIDAVIT:

***\*Submit this form with your application after it has been signed by persons who have knowledge of your experience with construction blasting\****

Name of Applicant: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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 in:

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 in the operation of the equipment specified above:

**Signature of person verifying experience:** \_\_\_\_\_

**Printed name of person verifying experience:** \_\_\_\_\_

## AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Construction Blaster Program.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application.

**Signature of applicant making statement:** \_\_\_\_\_

**Date:** \_\_\_\_\_