

MONTANA CONSTRUCTION BLASTER APPLICATION

301 South Park Avenue
PO Box 200517
Helena Montana 59620-0517
Phone: 406-841-2056 Fax: 406-841-2050
E-MAIL: buildingcodes@mt.gov
WEBSITE: <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

LICENSE REQUIREMENTS:

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 training program in construction blasting that has been recognized by the explosives or construction industry and approved by the department.

OR

2. Reciprocity:
 - a. A license, certificate, or permit issued by another state or an agency of the United States will be recognized and an appropriate construction blaster's license issued if the bureau determines that the requirements of that jurisdiction are equivalent to the requirements of the State of Montana.

- b. Applicants must submit a current copy of a valid license from the state in which they received it, along with a copy of the qualification requirements for licensure from the state they are licensed.

*** “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 with Training- \$75
Application Fee with Reciprocity - \$75.00
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.
5. Approved applicants will be notified with an approval letter advising them when the examination has been sent to the Job Service of their choice.

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.

All applicants must answer all of the following questions

If you answer "yes" to any of the following questions, you will need to provide a detailed explanation as to why on a separate sheet of paper:

	YES	NO
1. Have you ever previously applied for a license to practice in Montana? If yes, please provide the date and results: _____	_____	_____
2. Have you ever been denied licensure or the opportunity to take this profession's licensing examination in any state or country? If yes, attach an official document.	_____	_____
3. Have you ever withdrawn an application for licensure? If yes, please provide the state the application that was withdrawn from and the reason.	_____	_____
4. Has a licensing agency ever taken adverse or disciplinary action against your license? If yes, attach agency documents filed in, the action including all of the complaints, initiating documents, orders, final orders, stipulations, and consent and/or settlement agreements.	_____	_____
5. Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license during a disciplinary investigation of your practice, or entered into a consent agreement respecting your license during a disciplinary investigation? If yes, attach a detail explanation identifying each occasion, the date, and the substance of the allegations.	_____	_____
6. Has any legal or disciplinary action been filed against you which related to the propriety of, or your fitness to practice this profession (e.g. malpractice, etc.)? If yes, attach a detailed explanation of each instance including the date of the claim, name and address of party complaining, name and address of forum or court where the claim was filed, docket or claim number and the substance of the allegations.	_____	_____
7. Do you have criminal charges pending or have you ever plead guilty, forfeited bond, or been convicted of a crime (including a plea of no contest of deferred prosecution) whether or not an appeal is pending? You may omit: (1) Payment of traffic misdemeanor fines, and (2) charges or convictions prior to your 16 th birthday. If yes, please attach a detailed explanation.	_____	_____
8. Have you had any physical or mental conditions which have adversely affected your ability to practice this profession, including but not limited to, a contagious or infectious disease involving serious risk to the public?	_____	_____
9. Have you used alcohol or any other mood-altering substance in a manner which adversely affected your ability to practice this profession? If yes, attach a detailed explanation.	_____	_____

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. You must include a copy of the license:

State	License Number	Issue Date	Expiration Date	License Method	Requested State Verification
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> 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 #: XXX-XX-_____

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: _____