Experience Affidavit

Upload this form with your online application

Applicant Name: _____ Date of Birth: _____

Employer/Business name: _____

Employer/Business Address: _____

Construction Blasting [MCA 37-72-101(1)(b)]:

Means the use of explosives to:
(i) reduce, destroy, or weaken any residential, commercial, or other building; or
(ii) excavate any ditch, trench, 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 line

Start Date:	**End Date:**
Describe Your Construction Blasting Experience	

Start Date:	**End Date:**
Describe Your Construction Blasting Experience	

You can use additional forms as needed.

I hereby certify that the above-named applicant has obtained the necessary experience in the operation of construction blasting and the explosives/equipment specified above:

Signature of person verifying experience: _____

Printed name of person verifying experience: _____

Date Signed: _____

All license applications expire within 1 year of initial submission to the department.