

Approx. # of Employees _____

MSHA ID# (if applicable) _____

Supervisor's Name _____

Title _____

Your job title _____

Present job duties _____

Years As Blaster or Driller _____

Are you a licensed blaster in any state
at this time? _____

If yes, give state _____

License Number _____

Date of Expiration _____

Signature _____

Office Use Only:

Date Received: _____

Date Confirmed: _____

PRSRST STD
U.S. Postage
PAID
Little Rock, AR 72202
Permit No. 2933

ARKANSAS DEPARTMENT OF LABOR
10421 WEST MARKHAM
LITTLE ROCK, ARKANSAS 72205-2190

FEES
\$50.00 for initial training course with card
\$25.00 for refresher courses
(Both fees are non-refundable)
Make check payable to:
Arkansas Department of Labor – Blasting
Mail check and registration form to:
Arkansas Department of Labor
Attention: Helen Johnson
10421 West Markham
Little Rock, Arkansas 72205-2190
For more information, call
Bob Cook (479) 754-9177, or
Kevin Looney (501) 682-9091
TDD (800) 285-1131
www.arkansas.gov/labor

2011

BLASTING TRAINING



Sponsored by
**Arkansas Department of
Labor**

*Mike Beebe, Governor
James Salkeld, Director of Labor*

BLASTING TRAINING

Arkansas Department of Labor Safety Code No. 13-Blasting Regulations—provides for the safety training of all individuals performing blasting in the state of Arkansas. These regulations became effective on February 1, 1993.

In order to attend an initial blasting training class (i.e., 20-hour or 40-hour) an individual must meet these qualifications:

- * Is 21 years of age or older.
- * Is a high school graduate or its equivalent (GED).
- * Has two years experience in blasting or drilling operations under the direct supervision of someone qualified and certified to perform blasting in Arkansas; OR has two years experience supervising blasting operations in a state other than Arkansas; OR has an engineering degree. Except for an individual with an engineering degree, anyone else with less than two years experience in blasting or drilling is considered a "trainee". A trainee is not allowed to attend an initial blasting training class until he/she has obtained two years experience. A trainee should contact the Arkansas Department of Labor for a trainee application. No fee is required for the trainee certificate.

Twenty hours of training is for individuals who use 500 pounds or less of explosives at any one given time. (This will include most individuals performing blasting as a part of construction.)

Forty hours of training is for individuals who use 501 pounds or more of explosives at any one given time. (This will include most individuals performing blasting as a part of mining operations.)

Eight hours of training is for individuals who attended a previous 8-, 16-, 20-, or 40-hour course.

The facilities where the courses will be held are accessible for individuals with disabilities; however, please advise in advance whether any attendee will require accommodation, i.e., interpreters, etc.

Classes will commence at 8:30 a.m. each day. Class size is limited to 25 participants; therefore participants will be accepted on a first response basis by returning the registration form with the appropriate fees (\$50 for initial training course with card; \$25 for refresher training with card. All fees are non-refundable.) Make checks payable to Arkansas Department of Labor—Blasting. Upon receipt, the Department will review the application verifying minimum qualifications or exceptions. **THE DEADLINE FOR REGISTRATION IS TWO WEEKS PRIOR TO EACH CLASS. PREREGISTRATION IS REQUIRED.**

Participants for the 20- and 40-hour courses are asked to bring to class a pen, note pad, and calculator with square root function key.

For the 8-hour course, participants are asked to bring a pen, notepad, calculator with square root function key, and the manual that each received in the original 20- or 40-hour class.

**ALL CLASSES WILL BE HELD AT THE
ARKANSAS DEPARTMENT OF LABOR
10421 WEST MARKHAM
LITTLE ROCK, ARKANSAS**

2011 SCHEDULE OF CLASSES

40-HOUR CLASS

(Fee \$50)

February 21 - 25
June 6 - 10

20-HOUR CLASS

(Fee \$50)

March 22 - 24
April 5 - 7
May 24 - 26
July 12 - 14

8-HOUR REFRESHER CLASS*

(Fee \$25)

February 10
March 3
April 1
May 5
June 2
July 7
October 27
November 4

- * **Please coordinate your renewal date with the nearest refresher class date.
Please detach and mail form with payment.**

REGISTRATION FORM

**(May be duplicated)
PLEASE COMPLETE IN FULL**

Type of Course: _____
(8, 20, or 40 Hour)

Course Dates: _____
(First Choice)

(Second Choice)

Name _____

Address _____

City _____

State _____ Zip _____

County _____

Phone _____

Date of Birth _____ / _____ / _____

Place of Birth _____

City _____ State _____
Height _____ ft. _____ in.

Weight _____ lbs. Hair Color _____

High School Graduate/Equivalent _____

Employer Name _____

Address _____

City _____

State _____ Zip _____

County _____

Phone _____

Fax _____

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