

State of Oklahoma  
Department of Mines  
2915 N. Classen Blvd., Ste. 213  
Oklahoma City, OK 73106  
Phone: (405) 427-3859

**The Oklahoma Explosives and Blasting Regulation Act**  
**REQUEST FOR NON-MINING**  
**BLASTING PERMIT**

*In accordance with Title 63 O.S (1995) Section 123.1 et. Seq.*

Check #	ODM Receipt #
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**DATE:** \_\_\_\_\_

**PERMIT TYPE:**

**One Time**

**Limited Time**

**Continuous Blasting Operations**

**If this is for renewal of a current blasting permit, list your permit number:** \_\_\_\_\_

**CORPORATION/BUSINESS NAME** \_\_\_\_\_

\_\_\_\_\_  
**Mailing Address (Street, R.F.D., Box No.)**                      **City**                      **State**                      **Zip**

\_\_\_\_\_  
**Physical Address of Business (Location where blasting records are held for review)**

\_\_\_\_\_  
**Federal Tax ID#**

**Business Telephone Number**

**Fax Number**

I hereby make application for a permit to use explosives or engage in blasting in the State of Oklahoma.

**NOTE: ANSWER ALL QUESTIONS ON THIS FORM. (If no answer, write "none").  
PROPERLY IDENTIFY AND SECURE ANY ATTACHED EXHIBITS, IF USED.  
PLEASE REFER TO THE SPECIFIC ITEM NUMBER OF THIS FORM.**

**IDENTIFICATION OF INTERESTS:** In compliance with section 460:25-5-5 of the Rules and Regulations for Blasting, the APPLICANT is required to furnish the following:

1. Please provide the names of every officer, partner, director, or other person performing similar to director of the applicant.

Name	Address	City	State	Zip	Position

**COMPLIANCE INFORMATION**

**460:25-5-6**

1. Has the applicant for the permit, or any subsidiary, affiliate or by or under common control with the applicant had a suspended or revoked permit in the last five (5) years?    Yes    No
  
2. If the answer to the above question was yes, applicant should provide the following information:

**460:25-5-6(2)(A)**

Permit Identification # \_\_\_\_\_ Date of Issuance \_\_\_\_\_

**460:25-5-6(2)(B)**

What is the current status of the permit involved?

**460:25-5-6 (2)(C)**

Provide the date, location and type of any administrative or judicial proceedings initiated concerning the suspension, revocation or forfeiture:

Date	Location	Type
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**460:25-5-6(2)(D)**

What is the current status of these proceedings?

**PLEASE ATTACH COPIES OF THE FOLLOWING:**

- Copy of current Blasters Certificates
- Any information concerning administrative or judicial proceedings in which the applicant is involved and the current status; notification of permit suspension or revocation (460:25-6)
- Proof of Liability Insurance (460:25-11-3)

**VERIFICATION OF BLASTING PERMIT APPLICATION**

In accordance with 460:25-5-8 of the State of Oklahoma Blasting Regulations this is verification that the information contained in this application is true and correct to the best of my information and belief; and the applicant has not had a permit suspended or revoked in the last five years.

\_\_\_\_\_  
Signature of an Official of the Company

\_\_\_\_\_  
Title of Official

ATTEST:

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires:

# CERTIFIED BLASTERS\*

FOR INFORMATIONAL PURPOSES ONLY

**OAC 460:25-13-6 (b)** states “The blaster certification shall be carried by the blaster or shall be on file at the blasting area during the blasting operation.”

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**BLASTER’S STATE CERTIFICATION NUMBER:** \_\_\_\_\_

**ISSUED DATE:** \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_

**Name of Certified Blaster:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

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**BLASTER’S STATE CERTIFICATION NUMBER:** \_\_\_\_\_

**ISSUED DATE:** \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_

**Name of Certified Blaster:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

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**BLASTER’S STATE CERTIFICATION NUMBER:** \_\_\_\_\_

**ISSUED DATE:** \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_

**Name of Certified Blaster:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

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**BLASTER’S STATE CERTIFICATION NUMBER:** \_\_\_\_\_

**ISSUED DATE:** \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_

**Name of Certified Blaster:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

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**BLASTER’S STATE CERTIFICATION NUMBER:** \_\_\_\_\_

**ISSUED DATE:** \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_

**Name of Certified Blaster:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

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**BLASTER’S STATE CERTIFICATION NUMBER:** \_\_\_\_\_

**ISSUED DATE:** \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_

**Name of Certified Blaster:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

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**\*A current certification is required to conduct blasting.**