OKLAHOMA
NON-MINING BLASTING PERMIT
APPLICATION

CONTROLLED DEMOLITION, INC.

POSTED FROM

07/29/2026 to 08/12/2026

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

RECEIVED
JUL 28 2026
DEPT. OF MINES

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 #
3622	79733

DATE: July 27, 2026

PERMIT TYPE:

☐ **One Time** ☐ **Limited Time** ☑ **Continuous Blasting Operations**

If this is for renewal of a current blasting permit, list your permit number: P-114

CORPORATION/BUSINESS NAME Controlled Demolition, Inc.

P.O. Box 306 Phoenix MD 21131

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

13401 Still Haven Court, Phoenix, Maryland 21131

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

52-0730521 410-667-6610 410-667-6624

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
John Mark Loizeaux	13411 Still Haven Ct	Phoenix	MD	21131	President
Raymond D. Zukowski	13401 Still Haven Ct	Phoenix	MD	21131	Vice President
Adrienne L. Grant	13402 Still Haven Ct	Phoenix	MD	21131	Corp Secretary
Name	Address	City	State	Zip	Position
Name	Address	City	State	Zip	Position
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 # N/A Date of Issuance N/A

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

What is the current status of the permit involved?

N/A

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:

N/A	N/A	N/A
Date	Location	Type

460:25-5-6(2)(D)

What is the current status of these proceedings?

N/A

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.

RECEIVED

JUL 28 2026

DEPT. OF MINES

Signature of an Official of the Company

J. Mark Loizeaux, President

Title of Official

ATTEST:

Subscribed and sworn to before me this 27th day of July 20 26

Carol E. Groft

Notary Public

CAROL E. GROFT

My Commission Expires:

November 13, 2028

CAROL E. GROFT
NOTARY PUBLIC
BALTIMORE COUNTY
MARYLAND
MY COMMISSION EXPIRES NOVEMBER 13, 2028

Updated 9/2023

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

RECEIVED
JUL 2 8 2026
DEPT. OF MINES

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."*

BLASTER'S STATE CERTIFICATION NUMBER: NM 25-006

ISSUED DATE: 05/23/2025 **EXPIRATION DATE:** 05/31/2027

Name of Certified Blaster: Thomas Jefferson Doud, III **Telephone Number:** 410-336-0856

BLASTER'S STATE CERTIFICATION NUMBER: ______

ISSUED DATE: ______ **EXPIRATION DATE:** ______

Name of Certified Blaster: ______ **Telephone Number:** ______

BLASTER'S STATE CERTIFICATION NUMBER: ______

ISSUED DATE: ______ **EXPIRATION DATE:** ______

Name of Certified Blaster: ______ **Telephone Number:** ______

BLASTER'S STATE CERTIFICATION NUMBER: ______

ISSUED DATE: ______ **EXPIRATION DATE:** ______

Name of Certified Blaster: ______ **Telephone Number:** ______

BLASTER'S STATE CERTIFICATION NUMBER: ______

ISSUED DATE: ______ **EXPIRATION DATE:** ______

Name of Certified Blaster: ______ **Telephone Number:** ______

BLASTER'S STATE CERTIFICATION NUMBER: ______

ISSUED DATE: ______ **EXPIRATION DATE:** ______

Name of Certified Blaster: ______ **Telephone Number:** ______

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

RECEIVED

JUL 18 2025

DEPT. OF MINES

No. NM 25-006

RECEIVED

JUL 28 2026

DEPT. OF MINES

State of Oklahoma

Non-Mining

Blaster Certificate

This certifies that Thomas Jefferson Doud III has successfully completed the requirements of a Non-Mining Certified Blaster and is duly registered with the Oklahoma Department of Mines.

Dated this 23rd day of May 2025

Suzanne Rodesney

Director, Oklahoma Department of Mines
O.S. Title 63, Section 123.1 et. seq.

Certificate Expiration Date: 5/31/2027

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 7/27/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, LLC 300 Madison Avenue, 28th Floor New York NY 10017 License#: 0D69293	CONTACT NAME: Moira Imperial PHONE (A/C, No, Ext): 212-994-7100 FAX (A/C, No): 212-994-7047 E-MAIL ADDRESS: moira_imperial@ajg.com
INSURED Controlled Demolition, Inc. 13401 Still Haven Court Phoenix, MD 21131	CONTDEM-01

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Allied World Surplus Lines Insurance Company	24319
INSURER B : Allied World Insurance Company	22730
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 454039954 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR X Ded. $100,000 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY [X] PRO-JECT [X] LOC OTHER:	Y	Y	6004-0664	6/20/2026	6/20/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Gen Agg Cap Limit	$ 2,000,000 $ 100,000 $ 5,000 $ 2,000,000 $ 4,000,000 $ 2,000,000 $ 10,000,000
B	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY / SCHEDULED AUTOS X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY	Y	Y	6000-1066	6/20/2026	6/20/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					PER STATUTE / OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

MCS-90 Endorsement is included in the Auto policy.

Blasting operations/blaster liability is covered.

RECEIVED
JUL 28 2026
DEPT. OF MINES

CERTIFICATE HOLDER

Oklahoma Department of Mines
2915 North Classen Blvd., Suite 213
Oklahoma City OK 73106

CANCELLATION 30 days Notice of Cancellation

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Arthur J. Gallagher Risk Management Services, LLC