



**OKLAHOMA**  
**NON-MINING BLASTING PERMIT**  
**APPLICATION**

**DYKON BLASTING CORP.**

**POSTED FROM**

**07/22/2026 to 08/05/2026**

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 #<br>15992 | ODM Receipt #<br>79664 |
|------------------|------------------------|

**DATE:** 07-15-2026

**PERMIT TYPE:**

☐ One Time      ☐ Limited Time      ☒ Continuous Blasting Operations

**If this is for renewal of a current blasting permit, list your permit number:** P-023

**CORPORATION/BUSINESS NAME** Dykon Blasting Corp

|                                                                                           |                                  |                   |            |
|-------------------------------------------------------------------------------------------|----------------------------------|-------------------|------------|
| 8120 W 81st St                                                                            | Tulsa                            | OK                | 74107      |
| <b>Mailing Address (Street, R.F.D., Box No.)</b>                                          | <b>City</b>                      | <b>State</b>      | <b>Zip</b> |
| 8120 W 81st St                                                                            | Tulsa                            | OK                | 74107      |
| <b>Physical Address of Business (Location where blasting records are held for review)</b> |                                  |                   |            |
| 73-1525595                                                                                | 918-592-5278                     | 918-592-5277      |            |
| <b>Federal Tax ID#</b>                                                                    | <b>Business Telephone Number</b> | <b>Fax Number</b> |            |

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.**

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**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.

|              |                |       |    |       |             |
|--------------|----------------|-------|----|-------|-------------|
| Jared Redyke | 8120 W 81st St | Tulsa | OK | 74131 | Pres./Owner |
|--------------|----------------|-------|----|-------|-------------|

|      |         |      |       |     |          |
|------|---------|------|-------|-----|----------|
| Name | Address | City | State | Zip | Position |
|------|---------|------|-------|-----|----------|

|               |                |       |    |       |            |
|---------------|----------------|-------|----|-------|------------|
| Nathan Skopak | 8120 W 81st St | Tulsa | OK | 74131 | Vice Pres. |
|---------------|----------------|-------|----|-------|------------|

|      |         |      |       |     |          |
|------|---------|------|-------|-----|----------|
| Name | Address | City | State | Zip | Position |
|------|---------|------|-------|-----|----------|

|      |         |      |       |     |          |
|------|---------|------|-------|-----|----------|
| 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 # None Date of Issuance \_\_\_\_\_

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

What is the current status of the permit involved? None

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**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 |
|------|----------|------|
|------|----------|------|

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

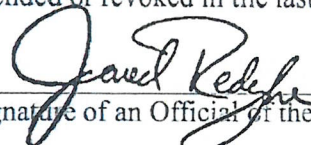
What is the current status of these proceedings?

**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  
President/Owner  
\_\_\_\_\_  
Title of Official

ATTEST:

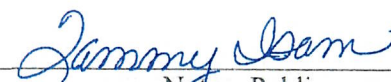
Subscribed and sworn to before me this 15 day of July 20 26

My Commission Expires:

10/29/2027

Updated 9/2023



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

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

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**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:** 1817

**ISSUED DATE:** 12/16/2025 **EXPIRATION DATE:** 12/31/2027

**Name of Certified Blaster:** Nate Skopak **Telephone Number:** 918-640-6912

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**BLASTER'S STATE CERTIFICATION NUMBER:** 1785

**ISSUED DATE:** 12/16/2025 **EXPIRATION DATE:** 12/31/2027

**Name of Certified Blaster:** Joshua Neil Case **Telephone Number:** 606-875-7405

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**BLASTER'S STATE CERTIFICATION NUMBER:** 1467

**ISSUED DATE:** 12/16/2025 **EXPIRATION DATE:** 12/31/2027

**Name of Certified Blaster:** Robert Duncan **Telephone Number:** 918-397-2515

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**BLASTER'S STATE CERTIFICATION NUMBER:** 1324

**ISSUED DATE:** 12/16/2025 **EXPIRATION DATE:** 12/31/2027

**Name of Certified Blaster:** Jimmy Floyd **Telephone Number:** 1-580-364-5954

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**BLASTER'S STATE CERTIFICATION NUMBER:** 1549

**ISSUED DATE:** 12/16/2025 **EXPIRATION DATE:** 12-31-2027

**Name of Certified Blaster:** Robbie Godsey **Telephone Number:** 918-645-3148

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**BLASTER'S STATE CERTIFICATION NUMBER:** 0944

**ISSUED DATE:** 12/16/2025 **EXPIRATION DATE:** 12/31/2027

**Name of Certified Blaster:** David Hersey **Telephone Number:** 918-640-0360

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

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**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:** 1842

**ISSUED DATE:** 12/16/2025 **EXPIRATION DATE:** 12/31/2027

**Name of Certified Blaster:** Steve Homan **Telephone Number:** 330-831-0935

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**BLASTER'S STATE CERTIFICATION NUMBER:** 1722

**ISSUED DATE:** 12/16/2025 **EXPIRATION DATE:** 12-31-2027

**Name of Certified Blaster:** Kenny Massie **Telephone Number:** 918-645-6749

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**BLASTER'S STATE CERTIFICATION NUMBER:** 1967

**ISSUED DATE:** 12/16/2025 **EXPIRATION DATE:** 12/31/2027

**Name of Certified Blaster:** Cooper McMillen **Telephone Number:** 620-429-0272

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**BLASTER'S STATE CERTIFICATION NUMBER:** 1058

**ISSUED DATE:** 12/16/2025 **EXPIRATION DATE:** 12/31/2027

**Name of Certified Blaster:** Jared Redyke **Telephone Number:** 918-740-3426

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**BLASTER'S STATE CERTIFICATION NUMBER:** 1586

**ISSUED DATE:** 12/16/2025 **EXPIRATION DATE:** 12/31/2027

**Name of Certified Blaster:** Ryan Redyke **Telephone Number:** 918-855-6569

---

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

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

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

---

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

Date: 12/16/2025  
Expires: 12/31/2027

OMTI ID: 2370  
Certificate: 1785

STATE OF OKLAHOMA  
MINING COMMISSION  
**BLASTER CERTIFICATE**

This certifies that  
**JOSHUA CASE**

has completed the requirements of a Certified Blaster  
as prescribed by the Oklahoma Department of Mines.

Director

*Michael Reed*

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Date: 12/16/2025  
Expires: 12/31/2027

OMTI ID: 10838  
Certificate: 1467

STATE OF OKLAHOMA  
MINING COMMISSION  
**BLASTER CERTIFICATE**

This certifies that  
**ROBERT DUNCAN**

has completed the requirements of a Certified Blaster  
as prescribed by the Oklahoma Department of Mines.

Director

*Michael Reed*

Date: 12/16/2025  
Expires: 12/31/2027

OMTI ID: 2371  
Certificate: 1549

STATE OF OKLAHOMA  
MINING COMMISSION  
**BLASTER CERTIFICATE**

This certifies that  
**ROBBIE GODSEY**

has completed the requirements of a Certified Blaster  
as prescribed by the Oklahoma Department of Mines.

Director

*Michael Reed*

Date: 12/16/2025  
Expires: 12/31/2027

OMTI ID: 7164  
Certificate: 1324

STATE OF OKLAHOMA  
MINING COMMISSION  
**BLASTER CERTIFICATE**

This certifies that  
**JIMMY FLOYD**

has completed the requirements of a Certified Blaster  
as prescribed by the Oklahoma Department of Mines.

Director

*Michael Reed*

Date: 12/16/2025  
Expires: 12/31/2027

OMTI ID: 21042  
Certificate: 1970

STATE OF OKLAHOMA  
MINING COMMISSION  
**BLASTER CERTIFICATE**

This certifies that  
**ISAAC HARWOOD**  
has completed the requirements of a Certified Blaster  
as prescribed by the Oklahoma Department of Mines

Director

*Michael Reed*

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Date: 12/16/2025  
Expires: 12/31/2027

OMTI ID: 10193  
Certificate: 0944

STATE OF OKLAHOMA  
MINING COMMISSION  
**BLASTER CERTIFICATE**

This certifies that  
**DAVID HERSEY**  
has completed the requirements of a Certified Blaster  
as prescribed by the Oklahoma Department of Mines.

Director

*Michael Reed*

Date: 12/16/2025  
Expires: 12/31/2027

OMTI ID: 12856  
Certificate: 1842

STATE OF OKLAHOMA  
MINING COMMISSION  
**BLASTER CERTIFICATE**

This certifies that  
**STEVE HOMAN**  
has completed the requirements of a Certified Blaster  
as prescribed by the Oklahoma Department of Mines.

Director

*Michael Reed*

Date: 12/16/2025  
Expires: 12/31/2027

OMTI ID: 10076  
Certificate: 1722

STATE OF OKLAHOMA  
MINING COMMISSION  
**BLASTER CERTIFICATE**

This certifies that  
**KENNY MASSIE**  
has completed the requirements of a Certified Blaster  
as prescribed by the Oklahoma Department of Mines.

Director

*Michael Reed*

Date: 12/16/2025  
Expires: 12/31/2027

OMTI ID: 20538  
Certificate: 1967

STATE OF OKLAHOMA  
MINING COMMISSION  
**BLASTER CERTIFICATE**

This certifies that  
**COOPER MCMILLEN**  
has completed the requirements of a Certified Blaster  
as prescribed by the Oklahoma Department of Mines.

Director

*Michael Reed*

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Date: 12/16/2025  
Expires: 12/31/2027

OMTI ID: 5369  
Certificate: 1586

STATE OF OKLAHOMA  
MINING COMMISSION  
**BLASTER CERTIFICATE**

This certifies that  
**RYAN REDYKE**  
has completed the requirements of a Certified Blaster  
as prescribed by the Oklahoma Department of Mines.

Director

*Michael Reed*

Date: 12/16/2025  
Expires: 12/31/2027

OMTI ID: 10061  
Certificate: 1058

STATE OF OKLAHOMA  
MINING COMMISSION  
**BLASTER CERTIFICATE**

This certifies that  
**JARED REDYKE**  
has completed the requirements of a Certified Blaster  
as prescribed by the Oklahoma Department of Mines.

Director

*Michael Reed*

Date: 12/16/2025  
Expires: 12/31/2027

OMTI ID: 12214  
Certificate: 1817

STATE OF OKLAHOMA  
MINING COMMISSION  
**BLASTER CERTIFICATE**

This certifies that  
**NATHAN SKOPAK**  
has completed the requirements of a Certified Blaster  
as prescribed by the Oklahoma Department of Mines.

Director

*Michael Reed*



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/2/2025

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).

|                                                                                                                                |                                                                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PRODUCER</b><br>Texas AGA, a Marsh & McLennan<br>Agency LLC company<br>8144 Walnut Hill Lane, 16th Floor<br>Dallas TX 75231 | <b>CONTACT NAME:</b> Natasha Davis<br><b>PHONE (A/C, No, Ext):</b> 469-759-1797<br><b>E-MAIL ADDRESS:</b> natasha.davis@marshmma.com<br><b>FAX (A/C, No):</b> 214-303-8001                                                   |
| <b>INSURED</b><br>Dykon Blasting Corporation<br>8120 West 81st Street<br>Tulsa OK 74131                                        | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> Lancer Insurance Company<br><b>INSURER B:</b> AmFed Casualty Insurance Company<br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> |

**COVERAGES** **CERTIFICATE NUMBER:** 1437800239 **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 THE 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 SUBR INSD WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                                             |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------|-------------------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> Blaster's Liab.<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br><input checked="" type="checkbox"/> OTHER S&A Pollution |                    | GL80294123    | 10/1/2025               | 10/1/2026               | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COM/OP AGG \$ 2,000,000<br>\$                      |
| A        | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                                                                                                                              |                    | BA80294023    | 10/1/2025               | 10/1/2026               | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                                                                                    |
| A        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$                                                                                                                                                                                                                                                |                    | XS80294223    | 10/1/2025               | 10/1/2026               | EACH OCCURRENCE \$ 10,000,000<br>AGGREGATE \$ 10,000,000<br>\$                                                                                                                                                                                                     |
| B        | <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below<br>Contractors Pollution Liability Retention - \$10,000                                                                                                                                     | Y/N<br>N           | WC1256007492  | 10/1/2025               | 10/1/2026               | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000<br>Each Condition Aggregate \$ 1,000,000<br>\$ 1,000,000 |

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

Additional Insured form #CG 20 10B edition 12 19 applies to the General Liability policy.  
Additional Insured form #CG 20 37B edition 12 19 applies to the General Liability policy.  
Waiver of subrogation form #CG 24 04B edition 12 19 applies to the General Liability policy.  
Primary & Non-Contributory General Liability form #CG 20 01B edition 12 19.

Additional Insured form #CA 20 48B edition 10 13 applies to the Automobile Liability policy.  
Waiver of subrogation form #CA 04 44B edition 10 13 applies to the Automobile Liability policy.  
Primary & Non-Contributory Automobile Liability form #CA 04 49B edition 11 16.  
See Attached...

|                                                                                                                                                                  |                                                                                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CERTIFICATE HOLDER</b><br>State of Oklahoma<br>Department of Mines<br>Non-Coal/Minerals Division<br>2915 N. Classen Blvd, Suite 213<br>Oklahoma City OK 73106 | <b>CANCELLATION</b><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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