



OKLAHOMA
NON-MINING BLASTING PERMIT
APPLICATION

AUSTIN POWDER CS, LLC

POSTED FROM

06/03/2024 - 06/17/2024

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 # 3010 (Mo)	ODM Receipt # 75714
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DATE: 5-20-24

PERMIT TYPE:

One Time Limited Time Continuous Blasting Operations

If this is for renewal of a current blasting permit, list your permit number: P-050

CORPORATION/BUSINESS NAME AUSTIN POWDER CS, LLC

6901 S. HWY 253 HUNTINGTON AR 72940
Mailing Address (Street, R.F.D., Box No.) City State Zip

6901 S. HWY 253 MIDLAND AR 72945
Physical Address of Business (Location where blasting records are held for review)

20-2062352 479-639-2231 NA
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.**

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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:

- 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
David M. Gleason	2873 Chatham	Pepper Pike	OH	44114	Pres/CEO
Michael A. Gleason	45 Hastings Ln	Chegin Falls	OH	44022	Ex VP/COO
Jason Rawlings					VP Mfg/Gen Mgr
Larry J. King	1220 Cherokee Trl	Streetsboro	OH	44241	Reg Mgr
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?

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

What is the current status of these proceedings?

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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) **NA**
- 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.

Marty Dole

Signature of an Official of the Company

LOCATION MANAGER

Title of Official

ATTEST:



Subscribed and sworn to before me this 20th day of May 2024

Debra Ann Bailey
Notary Public

My Commission Expires:

April 27th 2032

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CERTIFIED BLASTERS

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BLASTER'S STATE CERTIFICATION #: 1935 Oklahoma

ISSUED DATE: 5/16/23 EXPIRATION DATE: 5/31/25

WYATT LEDBETTER 501-604-3436
Name of Certified Blaster Telephone Number

BLASTER'S STATE CERTIFICATION #: 1112 Oklahoma

ISSUED DATE: 4/20/23 EXPIRATION DATE: 4/30/25

EDWARD S. McBRIDE 479-461-5001
Name of Certified Blaster Telephone Number

BLASTER'S STATE CERTIFICATION #: 1897 OKLAHOMA

ISSUED DATE: 4/20/23 EXPIRATION DATE: 4/30/25

JACOB TAYLOR 479-255-9656
Name of Certified Blaster Telephone Number

BLASTER'S STATE CERTIFICATION #: _____

ISSUED DATE: _____ EXPIRATION DATE: _____

Name of Certified Blaster Telephone Number

BLASTER'S STATE CERTIFICATION #: 1400 Oklahoma

ISSUED DATE: 5/20/23 EXPIRATION DATE: 4/30/25

BRENT K. McBRIDE 479-461-5004
Name of Certified Blaster Telephone Number

Date: 05/16/2023
Expires: 05/31/2025

OMTI ID: 18745
Certificate NO: 1935

STATE OF OKLAHOMA
MINING COMMISSION
BLASTER CERTIFICATE

This certifies that **WYATT M LEBETTER**
has completed the requirements of a Certified Blaster
as prescribed by the Oklahoma Department of Mines.

Michael Reed
Director

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Date: 04-20-2023
Expires: 04-20-2025

OMTI ID: 17214
Certificate NO: 1897



STATE OF OKLAHOMA
MINING COMMISSION
BLASTER CERTIFICATE

This certifies that Jacob M. Taylor
has completed the requirements of a Certified Blaster
as prescribed by the Oklahoma Department of Mines.

Michael Reed
Director

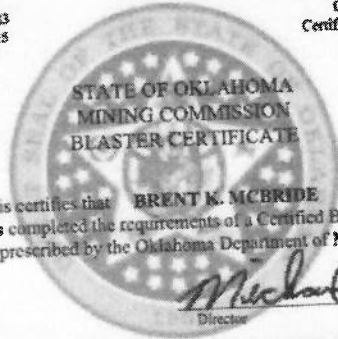
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Date: 04/20/2023
Expires: 04/30/2025

OMTI ID: 2835
Certificate NO: 1400



STATE OF OKLAHOMA
MINING COMMISSION
BLASTER CERTIFICATE

This certifies that BRENT K. MCBRIDE
has completed the requirements of a Certified Blaster
as prescribed by the Oklahoma Department of Mines.

Michael Reed
Director

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Date: 04/20/2023
Expires: 04/30/2025

OMTI ID: 2836
Certificate NO: 1112



STATE OF OKLAHOMA
MINING COMMISSION
BLASTER CERTIFICATE

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

Michael Reed
Director

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/28/2023

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 The James B. Oswald Company 1100 Superior Avenue East Suite 1500 Cleveland OH 44114		CONTACT NAME: Lucy Jorz PHONE (A/C, No, Ext): (216) 367-1828 E-MAIL ADDRESS: ljorz@oswaldcompanies.com FAX (A/C, No): (216) 367-1829	
INSURED Austin Powder Company 25800 Science Park Drive Beachwood OH 44122		INSURER(S) AFFORDING COVERAGE INSURER A : Lancer Insurance Company INSURER B : AIU Insurance Company INSURER C : INSURER D : INSURER E : INSURER F :	
		NAIC # 26077 19399	

COVERAGES **CERTIFICATE NUMBER:** 23/24 #1 Austin Powder **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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			GL803261#21	08/01/2023	08/01/2024	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			BA803260#21	08/01/2023	08/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			XS803262#21	08/01/2023	08/01/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC 016440038	08/01/2023	08/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
B	Work Comp-CA Work Comp- WI - #WC 016440040			WC 016440039	08/01/2023	08/01/2024	E.L. Ea Accident 2,000,000 Disease Ea Emp 2,000,000 Disease Policy Limit 2,000,000

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

The noted general liability policy includes blasting/blaster operations.

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CERTIFICATE HOLDER OK Dept of Mines 2915 N. Classen Blvd., Ste 213 Oklahoma City OK 73106	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
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