



**OKLAHOMA
NON-MINING BLASTING PERMIT
APPLICATION**

**EXPLOSIVE
CONTRACTORS, INC.**

POSTED FROM

01/30/2026 to 02/13/2026

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

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DATE: 1-20-2026

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 #
512688	78762

PERMIT TYPE:

One Time Limited Time Continuous Blasting Operations

If this is for renewal of a current blasting permit, list your permit number: P-100

CORPORATION/BUSINESS NAME Explosive Contractors, Inc.

118 State Dr. Hollister, MO 65672
Mailing Address (Street, R.F.D., Box No.) City State Zip

Same as above

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

43-1658067 (417)337-7600 (417)339-7499
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.

Dane Braden 118 State Dr., Hollister, MO 65672 President
Name Address City State Zip Position

Name	Address	City	State	Zip	Position
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Name	Address	City	State	Zip	Position
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Name _____ Address _____ City _____ State _____ Zip _____ Position _____

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COMPLIANCE INFORMATION

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?

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

Title of Official

ATTEST:

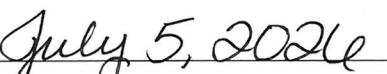
Subscribed and sworn to before me this 20th day of January, 2026



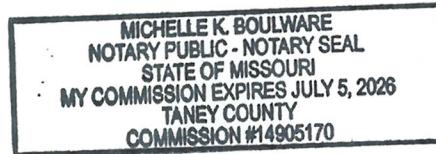
Michelle K. Boulware

Notary Public

My Commission Expires:



Updated 9/2023



State of Oklahoma Department of Mines
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Oklahoma City, OK 73106
Phone: (405) 427-3859

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CERTIFIED BLASTERS*

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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:

1168

ISSUED DATE:

11-15-2024

EXPIRATION DATE:

11-30-2026

Name of Certified Blaster:

Todd Braden

Telephone Number: (417) 294-2400

BLASTER'S STATE CERTIFICATION NUMBER:

1844

ISSUED DATE:

2-28-2025

EXPIRATION DATE:

2-28-2027

Name of Certified Blaster:

Zackary Brisco

Telephone Number: (417) 592-1105

BLASTER'S STATE CERTIFICATION NUMBER:

1924

ISSUED DATE:

8-29-2025

EXPIRATION DATE:

8-31-2027

Name of Certified Blaster:

Errett Howard

Telephone Number: (417) 294-2652

BLASTER'S STATE CERTIFICATION NUMBER:

1471

ISSUED DATE:

8-23-2024

EXPIRATION DATE:

8-31-2026

Name of Certified Blaster:

Robert Page

Telephone Number: (417) 207-6305

BLASTER'S STATE CERTIFICATION NUMBER:

949

ISSUED DATE:

5-23-25

EXPIRATION DATE:

5-31-2027

Name of Certified Blaster:

Randy Reynolds

Telephone Number: (573) 576-8166

BLASTER'S STATE CERTIFICATION NUMBER:

1917

ISSUED DATE:

11-15-2024

EXPIRATION DATE:

11-30-2026

Name of Certified Blaster:

James Shafer

Telephone Number: (501) 724-4444

*A current certification is required to conduct blasting.



Training date: 11/15/2024

EXPLOSIVE CONTRACTORS INC.
118 STATE DRIVE
HOLLISTER, MO. 65672

Training location: Wilburton

Instructor: TEDDY CRITES

Employees Attending

Name: **ID/Last 4:** **Courses:**

TODD BRADEN 0757 Blaster (Refresher)

JAMES S SHAFER 0815 Blaster (Refresher)

Date: 11/15/2024
Expires: 11/30/2026

OMTI ID: 1943
Certificate NO: 1168



This certifies that **TODD BRADEN**
has completed 8 Recertification hours for Certified Blaster
as prescribed by the Oklahoma Department of Mines.

Michael Read
Director

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Training date: 02/28/2025

EXPLOSIVE CONTRACTORS INC.
118 STATE DRIVE
HOLLISTER, MO. 65672

Training location: Wilburton

Instructor: TEDDY CRITES

Employees Attending

Name: **ID/Last 4:** **Courses:**

ZACKARY J BRISCO

8975

Blaster (Refresher)



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Training date: 08/29/2025

EXPLOSIVE CONTRACTORS INC.
118 STATE DRIVE
HOLLISTER, MO. 65672

Training location: Wilburton

Instructor: TEDDY CRITES

Employees Attending

Name:**ID/Last 4:****Courses:**

RANSOME DEGASE 8002 Blaster (Refresher)

ERRETT N HOWARD 7693 Blaster (Refresher)

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Date: 08/29/2025
Expires: 08/31/2027

OMTI ID: 10620
Certificate NO: 1944





Training date: 08/23/2024

EXPLOSIVE CONTRACTORS INC.
118 STATE DRIVE
HOLLISTER, MO. 65672

Training location: Wilburton

Instructor: TEDDY CRITES

Employees Attending

Name: **ID/Last 4:** **Courses:**

ROBERT PAGE 2642 Blaster (Refresher)

Date: 08/23/2024
Expires: 08/31/2026

OMTI ID: 10214
Certificate NO: 1471



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

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Training date: 05/23/2025

EXPLOSIVE CONTRACTORS INC.
118 STATE DRIVE
HOLLISTER, MO. 65672

Training location: Wilburton

Instructor: TEDDY CRITES

Employees Attending

Name: **ID/Last 4:** **Courses:**

ROWDY REYNOLDS 9883 Blaster (Refresher)

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Date: 05/23/2025
Expires: 05/31/2027

OMTI ID: 11097
Certificate NO: 949



This certifies that **ROWDY REYNOLDS**
has completed 8 Recertification hours for Certified Blaster
as prescribed by the Oklahoma Department of Mines.



Training date: 11/15/2024

EXPLOSIVE CONTRACTORS INC.
118 STATE DRIVE
HOLLISTER, MO. 65672

Training location: Wilburton

Instructor: TEDDY CRITES

Employees Attending

Name:	ID/Last 4:	Courses:
TODD BRADEN	0757	Blaster (Refresher)
JAMES S SHAVER	0815	Blaster (Refresher)

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Date: 11/15/2024
Expires: 11/30/2026

OMTI ID: 17698
Certificate NO: 1917



This certifies that **JAMES S SHAVER**
has completed 8 Recertification hours for Certified Blaster
as prescribed by the Oklahoma Department of Mines.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/30/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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	CONTACT	
	NAME: Tyler Deisley	
Edgewood Partners Insurance Center EPIC Brokers 14881 Quorum Drive, Suite 850 Dallas TX 75254	PHONE (A/C, No. Ext):	FAX (A/C, No):
	E-MAIL ADDRESS: Tyler.deisley@epicbrokers.com	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Lancer Insurance Company		26077
INSURER B : Carolina Casualty Insurance Company		10510
INSURER C : Travelers Lloyds Insurance Company		41262
INSURER D :		
INSURER E :		
INSURER F :		
INSURED	EXPLCON2	
Explosive Contractors, Inc. 118 State Drive Hollister MO 65672		

COVERAGES

CERTIFICATE NUMBER: 1162778030

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> 25,000		GL80304723	6/1/2025	6/1/2026	EACH OCCURRENCE	\$ 1,000,000	
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
						MED EXP (Any one person)	\$ 5,000	
						PERSONAL & ADV INJURY	\$ 1,000,000	
						GENERAL AGGREGATE	\$ 2,000,000	
						PRODUCTS - COMP/OP AGG	\$ 2,000,000	
							\$	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC							
	OTHER:							
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS Hired AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BA80304623	6/1/2025	6/1/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
						BODILY INJURY (Per person)	\$	
						BODILY INJURY (Per accident)	\$	
						PROPERTY DAMAGE (Per accident)	\$	
							\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$		XS80304823	6/1/2025	6/1/2026	EACH OCCURRENCE	\$ 9,000,000	
						AGGREGATE	\$ 9,000,000	
							\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input checked="" type="checkbox"/> N	N / A	BIN349339249	6/1/2025	6/1/2026	X PER STATUTE <input type="checkbox"/> OTH-ER	
						E.L. EACH ACCIDENT	\$ 1,000,000	
						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
C	Contractors Equipment		QT6307W889541TIL24	6/1/2025	6/1/2026	Scheduled Equipment - Leased/Rented -	\$7,234,000 \$100,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder is included as Additional Insured as respects: General and Auto Liability including primary, non-contributory wording as required by written contract. Blanket waiver of subrogation is granted on the General Liability, Auto Liability and Workers' Compensation policies as required by written contract and subject to policy terms & conditions. Excess Liability policy follows form of General, Auto, and Employers Liability policies.

Blasting Liability is included.

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CERTIFICATE HOLDER

CANCELLATION

DEPT. OF MINES

State of Oklahoma
2915 N. Classen Blvd., Suite 213
Oklahoma City OK 73106

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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