



**OKLAHOMA
NON-MINING BLASTING PERMIT
APPLICATION**

MAVIRO, INC.

POSTED FROM

06/24/2025 to 07/9/2025

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 # 10016	ODM Receipt # 77643
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DATE: 5-29-25

PERMIT TYPE:

☐ One Time ☐ Limited Time ☒ Continuous Blasting Operations

If this is for renewal of a current blasting permit, list your permit number: NONE

CORPORATION/BUSINESS NAME MAVIRO INC.

1102 HOWARD DRIVE DEER PARK TX 77536
Mailing Address (Street, R.F.D., Box No.) City State Zip

402 SOUTH BIG RUN ROAD ASHLAND, KY 41102
Physical Address of Business (Location where blasting records are held for review)

46-0878648 (713) 485-5193 NONE
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:

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

MARVIN SCAPPATISIO	7022 COUNTRYSIDE DR	ASHLAND	KY	41102	BRANCH MANAGER
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

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

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
<u>NONE</u>		

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

What is the current status of these proceedings?

NONE

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.

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ATTEST:

Man E. Scappaticio
Signature of an Official of the Company

BRANCH MANAGER
Title of Official

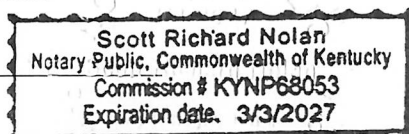
Subscribed and sworn to before me this 29th day of May 20 25

Scott R. Nolan
Notary Public

My Commission Expires:

3-3-27

Updated 9/2023



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

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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: 1913

ISSUED DATE: 08-18-2023 EXPIRATION DATE: 08-31-2025

Name of Certified Blaster: MICHAEL N. COTTRELL Telephone Number: (740)464-4576

BLASTER'S STATE CERTIFICATION NUMBER: 1759

ISSUED DATE: 08-18-2023 EXPIRATION DATE: 08-31-2025

Name of Certified Blaster: JIMMY R. FUGITT Telephone Number: (606)547-6852

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.**

Date: 08/18/2023
Expires: 08/31/2025

OMTI ID: 17484
Certificate NO: 1913

STATE OF OKLAHOMA
MINING COMMISSION
BLASTER CERTIFICATE

This certifies that MICHEAL N COTTRELL
has completed the requirements of a Certified Blaster
as prescribed by the Oklahoma Department of Mines.


Director

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Date: 08/18/2023
Expires: 08/31/2025

OMTI ID: 2407
Certificate NO: 1759

STATE OF OKLAHOMA
MINING COMMISSION
BLASTER CERTIFICATE

This certifies that **JIMMY R. FUGITT**
has completed the requirements of a Certified Blaster
as prescribed by the Oklahoma Department of Mines.

Michael Reed
Director

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U.S. Department of Justice
Bureau of Alcohol, Tobacco, Firearms and Explosives

Federal Explosives License/Permit
(18 U.S.C. Chapter 40)

In accordance with the provisions of Title XI, Organized Crime Control Act of 1970, and the regulations issued thereunder (27 CFR Part 555), you may engage in the activity specified in this license or permit within the limitations of Chapter 40, Title 18, United States Code and the regulations issued thereunder, until the expiration date shown. **THIS LICENSE IS NOT TRANSFERABLE UNDER 27 CFR 555.53.** See "WARNINGS" and "NOTICES" on reverse.

Direct ATF ATF - Chief, FELC
Correspondence To 244 Needy Road
 Martinsburg, WV 25405-9431

License/Permit
Number **4-KY-019-20-8G-01667**

Chief, Federal Explosives Licensing Center (FELC)

Expiration
Date **July 01, 2028**

Name
MAVIRO, INC

Premises Address (Changes? Notify the FELC at least 10 days before the move.)

**402 S BIG RUN RD
ASHLAND, KY 41102-**

Type of License or Permit

20-MANUFACTURER OF EXPLOSIVES

Purchasing Certification Statement

The licensee or permittee named above shall use a copy of this license or permit to assist a transferor of explosives to verify the identity and the licensed status of the licensee or permittee as provided by 27 CFR Part 555. The signature on each copy must be an original signature. A faxed, scanned or e-mailed copy of the license or permit with a signature intended to be an original signature is acceptable. The signature must be that of the Federal Explosives Licensee (FEL) or a responsible person of the FEL. I certify that this is a true copy of a license or permit issued to the licensee or permittee named above to engage in the business or operations specified above under "Type of License or Permit."

Mailing Address (Changes? Notify the FELC of any changes.)

MAVIRO, INC
402 S BIG RUN RD
ASHLAND, KY 41102-

Licensee/Permittee Responsible Person Signature

Position/Title

Scott R. Nolan

6-13-25

Printed Name

Date

Previous Edition is Obsolete

MAVIRO, INC 402 S BIG RUN RD 41102-4 KY 019-20-8G-01667 July 01, 2028 20-MANUFACTURER OF EXPLOSIVES

ATF Form 5400.14/5400.15 Part 1
Revised September 2011

Federal Explosives License (FEL) Customer Service Information

Federal Explosives Licensing Center (FELC)
244 Needy Road
Martinsburg, WV 25405-9431

Toll-free Telephone Number: (877) 283-3352
Fax Number: (304) 616-4401
E-mail: FELC@atf.gov

ATF Homepage: www.atf.gov

Change of Address (27 CFR 555.54(a)(1)). Licensees or permittees may during the term of their current license or permit remove their business or operations to a new location at which they intend regularly to carry on such business or operations. The licensee or permittee is required to give notification of the new location of the business or operations not less than 10 days prior to such removal with the Chief, Federal Explosives Licensing Center. The license or permit will be valid for the remainder of the term of the original license or permit. **(The Chief, FELC, shall, if the licensee or permittee is not qualified, refer the request for amended license or permit to the Director of Industry Operations for denial in accordance with § 555.54.)**

Right of Succession (27 CFR 555.59). (a) Certain persons other than the licensee or permittee may secure the right to carry on the same explosive materials business or operations at the same address shown on, and for the remainder of the term of, a current license or permit. Such persons are: (1) The surviving spouse or child, or executor, administrator, or other legal representative of a deceased licensee or permittee; and (2) A receiver or trustee in bankruptcy, or an assignee for benefit of creditors. (b) In order to secure the right provided by this section, the person or persons continuing the business or operations shall furnish the license or permit for that business or operations for endorsement of such succession to the Chief, FELC, within 30 days from the date on which the successor begins to carry on the business or operations.

(Continued on reverse side)

Cut Here ✂

Federal Explosives License/Permit (FEL) Information Card

License/Permit Name: **MAVIRO INC**

Business Name:

License/Permit Number: **4-KY-019-20-8G-01667**

License/Permit Type: **20-MANUFACTURER OF EXPLOSIVES**

Expiration: **July 01, 2028**

Please Note: Not Valid for the Sale or Other Disposition of Explosives

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/13/2025

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).

PRODUCER Commercial Insurance Associates, LLC 103 Powell Court, Ste 200 Brentwood TN 37027	CONTACT NAME: PHONE (A/C, No, Ext): 615-515-6000 FAX (A/C, No): 615-515-6001 E-MAIL: administrator@com-ins.com ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Everest National Insurance Co INSURER B: Nautilus Insurance Company INSURER C: Key Risk Insurance Company INSURER D: Westchester Surplus Lines Insurance Company INSURER E: INSURER F:
INSURED Maviro Holdings, Inc.; Maviro Inc.; Maviro Catalyst Inc.; Maviro Inc. dba RMIS; Amazon Environmental Inc.; Precision Environmental Services; 1102 Howard Dr Deer Park TX 77536-2639	NAIC # 10120 17370 10885 10172

COVERAGES**CERTIFICATE NUMBER:** 426405513**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
B	<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 checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	ECP2046878-10	5/1/2025	5/1/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
C	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	BAP2046880-10	5/1/2025	5/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	FFX2046879-10	5/1/2025	5/1/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
A	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/A	EN4WC00460-251	5/1/2025	5/1/2026	PER STATUTE 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
B	Contractors Pollution			ECP2046878-10	5/1/2025	5/1/2026	Each Claim/Agg 5,000,000
D	Professional Liability			G4883534A 001	5/1/2025	5/1/2026	Each Claim/Agg 5,000,000
	Excess Liability						Occ/Agg 5,000,000

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

Site Pollution: 3rd Party Site Pollution - Nautilus Insurance Company - Pol. #SSP2046887-10 - Policy Period: 5/01/2025 - 5/01/2026
Each Pollution Condition \$1,000,000 - Deductible \$50,000

Certificate Holder is included as Additional Insured as respects to General Liability, Auto Liability, Pollution Liability and Umbrella policies. A Waiver of Subrogation is provided as respects to General Liability, Auto Liability, Pollution Liability, Umbrella and Workers' Compensation policies. General Liability and Auto Liability are primary and non-contributory. In the event of cancellation by the insurance companies, the General Liability, Auto Liability, Workers Compensation & Umbrella policies have been endorsed to provide 30 days Notice of Cancellation (except 10 days for non-payment of premium) to the certificate holder shown below. All as required by written contract subject to the policy terms, conditions, and exclusions.
See Attached...

CERTIFICATE HOLDER**CANCELLATION**

State of Oklahoma Department of Mines
2915 N. Classen Blvd., Ste. 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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