



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

**TACTICAL ELECTRONICS**  
**AND MILITARY SUPPLY,**  
**LLC**

**POSTED FROM**

**12/22/2025 to 01/08/2026**

State of Oklahoma  
Department of Mines  
2915 N. Classen Blvd., Ste. 213  
Oklahoma City, OK 73106  
Phone: (405) 407-3859

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# 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 # 12816	ODM Receipt # 78571
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DATE: 12-18-2025

## PERMIT TYPE:

☐

One Time

☐

Limited Time

☒

Continuous Blasting Operations

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

1099

CORPORATION/BUSINESS NAME TACTICAL ELECTRONICS AND MILITARY SUPPLY

2200 N MEMPHIS AVE BROKEN ARROW OK 74012

Mailing Address (Street, R.F.D., Box No.)

City

State

Zip

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

73-1566880

Federal Tax ID#

918 744 8151

Business Telephone Number

918 249 8328

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.

CEO	TIM THORNTON	2200 N MEMPHIS AVE	Brown	Ark	74012	
	Name	Address	City	State	Zip	Position
OWNER	JAMES THORNTON		IL			
	Name	Address	City	State	Zip	Position
VICE PRESIDENT	TONY KELLY		IL			
	Name	Address	City	State	Zip	Position
	Name	Address	City	State	Zip	Position
	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 # \_\_\_\_\_ Date of Issuance \_\_\_\_\_

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

What is the current status of the permit involved?

**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
	NONE	

**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)
- 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

VICE PRESIDENT.

Title of Official

ATTEST:

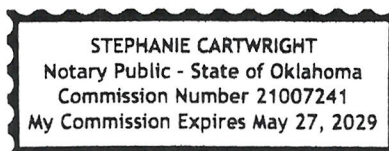
Subscribed and sworn to before me this 19 day of December 20 25

Stephanie Cartwright  
Notary Public

My Commission Expires:

May 27, 2029

Updated 9/2023





**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 24 004  
ISSUED DATE: 01 15 2024 EXPIRATION DATE: 01 31 2026  
Name of Certified Blaster: MIKE BERTON Telephone Number: \_\_\_\_\_

BLASTER'S STATE CERTIFICATION NUMBER: NM 24 005  
ISSUED DATE: 01 - 15 - 2024 EXPIRATION DATE: 01 - 31 - 2026  
Name of Certified Blaster: JAMES CHAMBERS Telephone Number: \_\_\_\_\_

BLASTER'S STATE CERTIFICATION NUMBER: NM - 24 - 003  
ISSUED DATE: 01 - 15 - 2024 EXPIRATION DATE: 01 - 31 - 2026  
Name of Certified Blaster: SONIA ADRIAN 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: \_\_\_\_\_

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



TACTELE-01

EJOHNSON2

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/18/2025

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 License # 100101891 Hub International Mid-America 6100 S. Yale Avenue Suite 1900 Tulsa, OK 74136	CONTACT NAME: Karen Davis PHONE (A/C, No, Ext): (918) 491-8529 FAX (A/C, No): E-MAIL ADDRESS: karen.davis1@hubinternational.com
INSURED  Tactical Electronics and Military Supply, LLC 2200 N Hemlock Ave Broken Arrow, OK 74012	INSURER(S) AFFORDING COVERAGE INSURER A : Lloyd's of London INSURER B : Transportation Insurance Company INSURER C : INSURER D : INSURER E : INSURER F : NAIC # 15792 20494

## COVERAGES

## CERTIFICATE NUMBER:

## 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	COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			B0572MR269399	1/1/2026	1/1/2027	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			7063623991	1/1/2026	1/1/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
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 type="checkbox"/>	N / A	WC763624025	1/1/2026	1/1/2027	<input checked="" type="checkbox"/> 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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Coverage includes blasting operations subject to the terms and conditions of the policy.

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## CERTIFICATE HOLDER

## CANCELLATION

State of Oklahoma  
Department of Mines  
2915 N Classen Blvd, Ste 213  
Oklahoma City, OK 73105

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