



**OKLAHOMA
NON-MINING BLASTING PERMIT
APPLICATION**

**TWO EIGHT BLASTING,
LLC**

POSTED FROM

06/07/2024 to 06/21/2024

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 # 2573	ODM Receipt # 75740
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DATE: 5/21/24

\$150.00

PERMIT TYPE:

One Time Limited Time Continuous Blasting Operations

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

CORPORATION/BUSINESS NAME Two Eight Blasting LLC.

4611 S. Muskogee Ave. Tahlequah, OK 74464
Mailing Address (Street, R.F.D., Box No.) City State Zip

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

84-5189610 918-456-8119
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.

<u>Ace McCarthy</u>	<u>4611 S. Muskogee Ave</u>	<u>Tahlequah, Ok</u>	<u>74464</u>	<u>owner</u>
Name	Address	City	Zip	Position

<u>Richard Cross</u>	<u>4611 S. Muskogee Ave</u>	<u>Tahlequah, Ok</u>	<u>74464</u>	<u>General manager</u>
Name	Address	City	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

- 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

- 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.

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ATTEST:

Subscribed and sworn to before me this 31st day of May 20 21

[Signature]
Signature of an Official of the Company

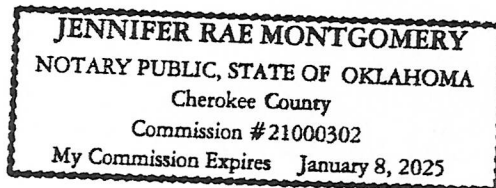
General Manager
Title of Official

Jennifer R Montgomery
Notary Public

My Commission Expires:

January 8, 2025

Updated 9/2023



Date: 02/17/2023
Expires: 02/28/2025

OMTI ID: 11131
Certificate NO: 1725



STATE OF OKLAHOMA
MINING COMMISSION
BLASTER CERTIFICATE

This certifies that **RICHARD L. CROSS**
has completed the requirements of a Certified Blaster
as prescribed by the Oklahoma Department of Mines.

Michael Reed
Director

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

OMT11 ID: 6159
Certificate NO: 1905

STATE OF OKLAHOMA
MINING COMMISSION
BLASTER CERTIFICATE

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

Michael Reed
Director

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Date: 08/16/2022
Expires: 08/31/2024

OMTI ID: 18059
Certificate NO: 1920



STATE OF OKLAHOMA
MINING COMMISSION
BLASTER CERTIFICATE

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

Michael Reed
Director

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Date: 09/14/2023
Expires: 09/30/2025

OMTI ID: 17483
Certificate NO: 1912

STATE OF OKLAHOMA
MINING COMMISSION
BLASTER CERTIFICATE

This certifies that **RODNEY L STILL**
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)

6/6/2024

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 Arthur J. Gallagher Risk Management Services, LLC 5314 South Yale Avenue Suite 900 Tulsa OK 74135	CONTACT NAME: Charlie Krienke	
	PHONE (A/C, No, Ext): 918-764-7181	FAX (A/C, No):
E-MAIL ADDRESS: charlie_krienke@ajg.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Lancer Insurance Company		26077
INSURER B: Compsource Mutual Insurance Company		36188
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
 Two Eight Blasting, LLC
 4611 S. Muskogee Ave.
 Tahlequah OK 74464

28BLAST-01

COVERAGES

CERTIFICATE NUMBER: 1106856435

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	<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:		GL803775#4	2/1/2024	2/1/2025	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 GL803775#2 \$
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 checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		BA803738#4	2/1/2024	2/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		XS803858#4	2/1/2024	2/1/2025	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 type="checkbox"/> N / A	03404524 24 1	2/1/2024	2/1/2025	<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)
 The Certificate of Liability coverage includes the Blasting Operations.

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CERTIFICATE HOLDER**CANCELLATION**

Department 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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