



OKLAHOMA
NON-MINING BLASTING PERMIT
APPLICATION

TWO EIGHT BLASTING,
LLC

POSTED FROM

06/09/2026 to 06/23/2026

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 # 1344	ODM Receipt # 79415
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DATE: 5/27/26

PERMIT TYPE:

One Time Limited Time Continuous Blasting Operations

If this is for renewal of a current blasting permit, list your permit number: P-109

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.

Name	Address	City	State	Zip	Position
Ace McCarthy	4611 S. Muskogee Ave	Tahlequah	OK	74464	President
Richard Cross	4611 S. Muskogee Ave	Tahlequah	OK	74464	Vice President
Mitchel Turner	4611 S. Muskogee Ave	Tahlequah	OK	74464	General Manager
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?

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 _____

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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.

[Handwritten Signature]

Signature of an Official of the Company

Vice President

Title of Official

ATTEST:

Subscribed and sworn to before me this 27th day of May 20 26

[Handwritten Signature]

Notary Public

My Commission Expires:

1/8/29



State of Oklahoma Department of Mines
2915 N. Classen Blvd., Ste 200
Oklahoma City, OK 73106
Phone: (405) 427-3859

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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: 1935
ISSUED DATE: 5/23/25 EXPIRATION DATE: 5/31/27
Name of Certified Blaster: Wyatt M Ledbetter Telephone Number: 479-357-8571

BLASTER'S STATE CERTIFICATION NUMBER: 1966
ISSUED DATE: 8/20/24 EXPIRATION DATE: 8/31/26
Name of Certified Blaster: Colby Brassfield Telephone Number: 918-385-2667

BLASTER'S STATE CERTIFICATION NUMBER: 1838
ISSUED DATE: 11/15/24 EXPIRATION DATE: 11/30/26
Name of Certified Blaster: Paul Miller Telephone Number: 918-822-1374

BLASTER'S STATE CERTIFICATION NUMBER: 1919
ISSUED DATE: 6/20/24 EXPIRATION DATE: 6/30/26
Name of Certified Blaster: Bobby Miller Telephone Number: 918-931-7819

BLASTER'S STATE CERTIFICATION NUMBER: 1947
ISSUED DATE: 11/21/25 EXPIRATION DATE: 11/21/27
Name of Certified Blaster: Jonathan Wattington Telephone Number: 501-278-0674

BLASTER'S STATE CERTIFICATION NUMBER: 1926
ISSUED DATE: 2/20/26 EXPIRATION DATE: 2/29/28
Name of Certified Blaster: Brandon Herndon Telephone Number: 501-672-8631

*A current certification is required to conduct blasting.

Date: 07/23/2025
Expires: 06/30/2027

OMTID: 18743
Certificate NO: 1925



STATE OF OKLAHOMA
MINING COMMISSION
BLASTER CERTIFICATE

This certifies that **WYATT M LEDBETTER**
has completed 8 recertification hours for Certified Blaster
as prescribed by the Oklahoma Department of Mines.

Michael Reed

Director

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Date: 08/20/2024
Expires: 08/31/2026

OMTI ID: 19822
Certificate No: 1960



This certifies that **COLBY DAN BRASSFIELD**
has completed the requirements of a Certified Blaster
as prescribed by the Oklahoma Department of Mines.

Director

Michael Reed

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

OATIID: 8730
Certificate NO: 1838



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

Michael Paul
Director

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Date: 06/20/2024
Expires: 06/30/2026

OMMTI ID: R157
Certificate NO: 1919

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



Michael Reed
Director

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Date: 11/21/2025
Expires: 11/21/2027

OMTI ID: 19079
Certificate: 1947

**STATE OF OKLAHOMA
MINING COMMISSION
BLASTER CERTIFICATE**

This certifies that
JOHNATHAN WATLINGTON
has completed the requirements of a Certified Blaster
as prescribed by the Oklahoma Department of Mines.

Director

Michael Reed

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ite: 02/20/2026
pires: 02/29/2028

OMTI ID: 18059
Certificate: 1920

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**STATE OF OKLAHOMA
MINING COMMISSION
BLASTER CERTIFICATE**

This certifies that

BRANDON HERNDON

has completed the requirements of a Certified Blaster
as prescribed by the Oklahoma Department of Mines.

Director

Michael Reed



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/29/2026

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 S Yale Ave Ste 900 Tulsa OK 74135	CONTACT NAME: Annissa DeJarnett
	PHONE (A/C, No, Ext): 918-764-1659 FAX (A/C, No):
	E-MAIL ADDRESS: annissa_dejarnett@ajg.com
	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A : Lancer Insurance Company 26077
INSURED Two Eight Blasting, LLC 4611 S. Muskogee Ave. Tahlequah OK 74464	INSURER B : Compsource Mutual Insurance Company 36188
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

COVERAGES

CERTIFICATE NUMBER: 2076674456

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:			GL803775#6	2/1/2026	2/1/2027	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
								\$
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#6	2/1/2026	2/1/2027	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#6	2/1/2026	2/1/2027	EACH OCCURRENCE	\$ 9,000,000
							AGGREGATE	\$ 9,000,000
								\$
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			03404524 26 1	2/1/2026	2/1/2027	<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)
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
Arthur J. Gallagher Risk Management Services, LLC

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