

Chapter ILHR 7

APPENDIX D
BLASTER'S LICENSE APPLICATION FORM

The following application form (SB-4514) is referred to in section ILHR 7.11 (2). Copies of this form may be obtained at no charge from the Division of Safety and Buildings, P.O. Box 7969, Madison, Wisconsin 53707.

DEPARTMENT OF INDUSTRY,
LABOR AND HUMAN RELATIONS
Safety and Buildings Division
P.O. Box 7969
Madison, WI 53707

BLASTER'S LICENSE APPLICATION

DO NOT WRITE IN THIS SPACE		
1. LICENSE NO.	2. EFFECTIVE DATE	3. EXPIRATION DATE
4. GRADED SATISFACTORY FOR CLASS		

INSTRUCTIONS:
 o Please type or print
 o Complete and sign application
 o Bring the completed application to the blasting license test site of your choice

5. SOCIAL SECURITY NUMBER		6. APPLICANT NAME (LAST, FIRST, MIDDLE)			7. HOME PHONE NUMBER	
8. STREET ADDRESS		CITY		COUNTY	STATE	ZIP CODE
9. DATE OF BIRTH	10. HEIGHT	11. WEIGHT	12. SCHOOL LAST ATTENDED	13. GRADE COMPLETED		
14. NAME OF COUNTY SHERIFF (ATTACH CHARACTER REFERENCE FROM SHERIFF)						
15. NAMES AND ADDRESSES OF TWO REFERENCES, WHO WILL ATTEST TO YOUR BLASTING EXPERIENCE. ONE REFERENCE MUST BE A WISCONSIN LICENSED BLASTER.						
16. CHECK THE BOXES FOR THE CLASS AND CIRCLE THE LETTER WHICH IS KEYED TO THE SPECIFIC BLASTING ACTIVITY FOR WHICH YOU ARE APPLYING. (See Explosives Material Code ILHR 7).						
<input type="checkbox"/> V Specialized Blasting A B		<input type="checkbox"/> III Surface Blasting A B C D		<input type="checkbox"/> I Limited or Basic Blasting A B C D E F G H		
<input type="checkbox"/> IV Precision Blasting A B C D E F G H		<input type="checkbox"/> II Underground Blasting A B				
17. PRESENT EMPLOYER					18. EMPLOYER PHONE NO.	
19. DESCRIBE ALL BLASTING EXPERIENCE AND ANY SPECIAL BLASTING TRAINING COURSES COMPLETED. (attach additional sheets, if needed)						
NAME AND ADDRESS OF EMPLOYERS FOR WHOM YOU HAVE BLASTED		DATES		CLASS OF BLASTING	ACTUAL BLASTING TIME	
		START	END		YEARS	MONTHS
20. I CERTIFY THAT THE INFORMATION CONTAINED IN THIS FORM IS CORRECT AND TRUE.						
APPLICANT SIGNATURE			DATE		BLASTING EXAMINER SIGNATURE	

SB-4514 (R.02/85)

ATTACH ADDITIONAL SHEETS FOR NOTES AND ADDITIONAL COMMENTS