

BLASTING TRAINING REGISTRATION FORM

PLEASE COMPLETE IN FULL

Type of Course: _____ (8, 20, or 40 Hour)

Course Dates: _____
(First Choice) (Second Choice)

Name _____

Address _____

City _____ State _____ Zip _____

County _____ Phone _____

Date of Birth ____/____/____ Place of Birth _____

Height _____ ft. _____ in. Weight _____ lbs. Hair Color _____ City _____ State _____

High School Graduate/Equivalent _____

Employer Name _____

Address _____

City _____ State _____ Zip _____

County _____ Phone _____ Fax _____

Approx. # of Employees _____ MSHA ID# (if applicable) _____

Supervisor's Name _____ Title _____

Your Job Title _____ Present Job Duties _____

Years as Blaster or Driller _____ Are you a licensed blaster in any state at this time? _____

If yes, give state _____

License Number _____ Date of Expiration _____

Signature

Office Use Only:

Date Received: _____ Date Confirmed: _____

Fees: \$50.00 for initial training course with card \$25.00 for refresher courses (Both fees are non-refundable)

MAKE CHECK PAYABLE TO: Arkansas Department of Labor

MAIL CHECK AND REGISTRATION FORM TO: Arkansas Department of Labor
Attn: Helen Johnson
10421 West Markham Street
Little Rock, AR 72205-2190

For Questions, call Bob Cook 479-754-9177
or (501) 682-4533