

General Blasting Regulations

PO Box 697 Halifax, Nova Scotia B3J 2T8

Application for Blaster's CertificationB3J 2T8
Phone: (902) 424-5400

Instructions:

Send completed application to the **CHAIRPERSON**, **BLASTER'S BOARD OF EXAMINERS** at the above address. Payment of total fee by cheque or money order, payable to the **Minister of Finance**, must accompany this application.

This application must be completed in every possible detail before it can be considered.

Please Print in BLOCK LETTERS

ame:Surname	Given	
ddaaaa		
ddress:Number	Street	Town/City
Province	Postal Code	Telephone Number
ate of Birth:	Month	Year
o you now hold a valid Nova Scotia Blaster's Certif	ficate? Check One. \square No \square Yes	
If "yes," which Class?	Certificate Number:	
/hich Certificate are you applying for? Check one.		
☐ Trainee (Entry) ☐ Third Class ☐	☐ Second Class ☐ First Class ☐ Special Ap	plications (Restricted Certificates
re you a qualified Blaster in another province?	☐ Yes ☐ No	
If you answered "yes," in which province(s	s)?	
ammanta.		
FEE FOR EACH EXAMINATION AND INIT	TAL CERTIFICATE IS \$47.93 (NON-REFUNDABLE) AN	ND IS TO BE ENCLOSED.
	For Department use only	
Date application received:	Date application reviewed by Board: _	
Receipt number:	Amount: \$	
Decision of Board: Is Applicant eligible for exami	nation? Yes No	
Remarks:		
Date examination written:		
Certificate Number:		
Octanicate inamineti.	Date Offilioate 188060	

Applicant's Qualification History

Applicant's work experience since current certificate was issued. (Not Applicable if applying for Trainee.) If the Applicant was the responsible Blaster as defined under Sec. 5 of the General Blasting Regulations he/she must submit a photocopy of their Log Book as part of this application. Application and a substitute for completion of this Qualification of this Qualifica

Maximum Quantity of Explosive per Blast									
No. Of Blasts									
No. of Hours on Blasting Operations									
Proximity to Buildings or Structures									
Were you the Supervising/Responsible Blaster as under Sec. 5 of the Regs. (Y) or (N)									
Duties Performed Loading, Priming, Firing									
Type of Blasting Operation									
Company Name									

Blasters Classifications - Entry Requirements

Blasting Trainee (Entry Level)

A candidate must be 19 years of age and shall submit proof of having completed a safety training course approved by the Board for this purpose.

Third Class

A candidate must hold a Trainee Blaster's Certificate.

A candidate must provide to the Board proof of having performed 500 hours of work in blasting operations, and of substantial experience performing the following activities: (A) priming charges, (B) making connections leading to a blasting machine, a blasting switch, safety fuse or a shock tube initiating system such as NONEL, (C) connecting delay or sequencing devices or programming the sequence or delay for the blast, and (D) firing a charge.

A candidate shall have the application for certification endorsed by an employer or a Blaster who has supervised his/her training, unless this requirement is waived by the Board.

A candidate shall submit proof of having completed a training course approved by the Board for upgrading to this class of certificate.

Second Class

A candidate must hold a Third Class Certificate.

A candidate must provide to the Board proof of having performed 1500 hours of work in blasting operations since obtaining a Third Class Certificate.

A candidate shall have the application for certification endorsed by an employer or a Blaster who has supervised his/her training, unless this requirement is waived by the Board.

A candidate shall submit proof of having completed a training course approved by the Board for upgrading to this class of certificate.

First Class

A candidate must hold a Second Class Certificate.

A candidate must provide to the Board proof of having performed 1500 hours of work in blasting operations since obtaining a Second Class Certificate, and of substantial familiarity with electric and non-electric means of initiation.

A candidate must provide to the Board proof of having safely performed at least 12 blasts within 50 meters (164 feet) of houses, residences, shops, churches, schools, public buildings or any structures occupied in whole or in part by people.

A candidate shall have the application for certification endorsed by an employer or a Blaster who has supervised his/her training, unless this requirement is waived by the Board.

A candidate shall submit proof of having completed a training course approved by the Board for upgrading to this class of certificate

Special Applications (Restricted Certificates)

A candidate must be at least 19 years of age.

A candidate must satisfy the Board that he/she has substantial experience and expertise in the specific specialized blasting application which he/she wishes to practice.

A candidate shall provide documented evidence of specialized training and experience, including references in support of his/her application from an employer or a Blaster who has supervised the work, unless this requirement is waived by the Roard

A candidate shall submit proof of having completed a training course approved by the Board for candidates for the specific specialized certificate, if any such course has been approved for that purpose by the Board.

Testimonial Note: This Testimonial is to be filled in by the applicant's present or latest employer or by the holder of the Nova Scotia Blaster's Certificate of at least equal classification to that for which he/she has applied. I hereby certifiy that _____ Please print full name of Applicant in block letters is well known to me and that to my knowledge the statements which have been made in the within application are true, and that the applicant may safely be entrusted with the care and operation of equipment within the capacity limits of the certificate for which he/she has applied and that the applicant is a person of good charater and ability. Name of person completing Testimonial: Please Print in Block Letters Address: _____ Postal Code: ___ My knowledge of the applicant is based on my present/past relationship to him/her as: (Check one/both if applicable.) □ an employer a Blaster certified in Nova Scotia Company Name: __ Certificate No.: Signature of person completing Testimonial

Declaration							
Note: This declaration is to be filled in by the applicant applying for Blaster's Certification.							
l,Name - Please print	of						
Name - Please print	Town or City where you reside						
in the County ofCounty where you reside	the within named applicant, hereby declare that the several parts and						
particulars stated in my said application are and each of them is own handwriting.	s true and correct and that my signature to the said application is in my						
Telephone: Home:	Business:						
Date: (X) _	Applicant's Signature						