

Environment and Labour

Instructions:

Application for Blaster's Certification

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

Name:		
Surname	Given	Initial
Address:		
Number	Street	Town/City
Province	Postal Code	Telephone Number
Date of Birth:		
Date of Birth Day	Month	Year
Do you now hold a valid Nova Scotia Blaster's Cer	tificate? Check One. 🛛 No 🗌	Yes
If "yes," which Class?	Certificate Numb	Der:
Which Certificate are you applying for? Check one		
🗌 Trainee (Entry) 🗌 Third Class	□ Second Class □ First Class	□ Special Applications (Restricted Certificates)
Are you a qualified Blaster in another province?	🗌 Yes 🗌 No	
If you answered "yes," in which province	(s)?	
Comments:		

FEE FOR EACH EXAMINATION AND INITIAL CERTIFICATE IS \$51.18 (NON-REFUNDABLE) AND 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 examination? 🗌 Yes 🗌 No							
Remarks:							
Date examination written:	Passed 🔲 Failed						
Certificate Number:	Date Certificate issued:						

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. Applicants may also submit Blasting work experience history and/or a résumé as supporting document(s), but this is not a requirement of this Application. Supporting documents submitted with this Application will not be considered as a substitute for completion of this Qualification History.

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									

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 Board.

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 Certificate of at least equal classification to that for which he/she has applied						
I hereby certifiy that						
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:						
Address:						
	Postal Code:					
Telephone No.:						
My knowledge of the applicant is based on my present/past relationship to him/her as	: (Check one/both if applicable.)					
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.								
I, Of Of Town or City where you reside								
in the County ofCounty where you reside	the within named applicant, hereby declare that the several parts and is true and correct and that my signature to the said application is in my							
own handwriting.								
Telephone: Home:	Business:							
Date: (X)	Applicant's Signature							