



APPLICATION FOR YUKON BLASTER'S CERTIFICATE

Occupational Health & Safety: Mine Safety

Surface

Underground

Exploration

PLEASE PRINT LEGIBLY

Family Name	Given Name	Middle Name or Initial
--------------------	-------------------	-------------------------------

Home Address

City/Location	Province/Territory	Postal Code
----------------------	---------------------------	--------------------

Date of Birth	Month	Day	Year	Do you currently have a valid blasting ticket in another jurisdiction
____/____/____	/	/	/	<input type="checkbox"/> Yes <input type="checkbox"/> No

If "Yes", provide number and origin of ticket _____

Present Employment				Name of Employer
From	Day	Month	Year	
____	/	/	____ To Present	

Previous Employment				Name of Employer
From	Day	Month	Year	
____	/	/	____ To ____/____/____	

1	Type of Blasting Work performed by Applicant
---	--

From	Day	Month	Year	To	Day	Month	Year	Name of Employer
____	/	/	____	____	/	/	____	

2	Type of Blasting Work performed by Applicant
---	--

From	Day	Month	Year	To	Day	Month	Year	Name of Employer
____	/	/	____	____	/	/	____	

3	Type of Blasting Work performed by Applicant
---	--

Applicant's Statement

On the strength of the foregoing, I hereby apply for a Yukon Blaster's Certificate to be issued pursuant to the Yukon Occupational Health and Safety Act and Regulations. I hereby certify that I have not been convicted of an offence under the Criminal Code involving violence or the misuse of firearms or explosives within five years of this application.

Dated at _____ Applicant (please print) _____
location

this _____ day of _____ 20 _____
Signature of Applicant

Contractor Manager's Certification

I hereby certify that, to the best of my knowledge and belief, the above-stated applicant has a minimum of at least 6 months experience in connection with blasting operations, and that in my judgement, the applicant's character, knowledge, and experience should qualify him/her as competent for handling explosives.

Dated at _____ Contractor Manager (please print) _____
location

this _____ day of _____ 20 _____
Signature of Contractor Manager, or Former Employer

Mine Manager's Certification

I hereby certify that, to the best of my knowledge and belief, the above-stated applicant has a minimum of at least 6 months experience in connection with blasting operations, and that in my judgement, the applicant's character, knowledge, and experience should qualify him/her as competent for handling explosives.

The mine manager is required to sign all applications.

Dated at _____ Mine Manager (please print) _____
location

this _____ day of _____ 20 _____
Signature of Mine Manager, or Former Employer