

APPLICATION FOR YUKON BLASTER'S CERTIFICATE

Workplace Health and 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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	---------------------------	--------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

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 / /	Name of Employer
---	--	------	---------------------------	-------------------------

2	Type of Blasting Work performed by Applicant	From	Day / Month / Year To / /	Name of Employer
---	--	------	---------------------------	-------------------------

3	Type of Blasting Work performed by Applicant	From	Day / Month / Year To / /	Name of Employer
---	--	------	---------------------------	-------------------------

Applicant's Statement	
------------------------------	--

On the strength of the foregoing, I hereby apply for a Yukon Blaster's Certificate to be issued pursuant to the *Workers' Safety and Compensation (WSC) 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 _____