

## APPLICATION FOR BLASTING PERMIT

Surface Underground Exploration Avalanche\* Renewal \*Avalanche permits will only be issued to holders of valid WorkSafeBC permits

This information is being collected for the purpose of administering and enforcing the *Workers' Safety and Compensation Act* in compliance with the *Access to Information and Protection of Privacy Act*. If you have any questions about the collection of this information, please contact the board's Privacy Officer at 401 Strickland St., Whitehorse, YK, Y1A 5N8 or call 867-667-5642 or 1-800-661-0443.

Applicant information					
Last name		First name			Middle name
Last name		riistiidiile			Wildle Hame
Street number		Street name	Street name		
Province/Territory	<u> </u>	Postal Code			
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D 1 (D) 1					
Date of Birth					
YYYY/MM/DD					
Do you currently have a valid blasting permit?			If Yes, please provide number and issuing jurisdiction		
Yes No			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Present Employment			Start Date		
Name of current employer					
			YYYY/MM/DD		
Previous Employment					
Provide at least 6 months of employment history involving blasting experience					
Start Date	End Date	Name of employer			Type of blasting work performed
YYYY/MM/DD	YYYY/MM/DD				
Start Date	End Date	Name of employer			Type of blasting work performed
YYYY/MM/DD	YYYY/MM/DD				
Start Date	End Date	Name of employer			Type of blasting work performed
YYYY/MM/DD	YYYY/MM/DD				
Start Date	End Date	Name of employer			Type of blasting work performed
YYYY/MM/DD	YYYY/MM/DD				
Applicant Attestation					
	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 attest 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.				
	Evidence of security clearance is attached (i.e. PAL card, NEXUS card, FAST card or clearance letter from NRCan/ERD				
Date	Signature of Applicant				
YYYY/MM/DD					
Attestation by Employer or Mine Manager					
I am the Employer Or I am the Mine manager					
I hereby attest 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 them to be competent to handle explosives.					
Date	Signature of Employer	er or mine manger Print Na			
YYYY/MM/DD					