

## **Government of Newfoundland and Labrador Apprenticeship and Trades Certification Division**

## **BLASTER** LEVEL 3 APPLICATION FOR CERTIFICATION

The personal information in this form is being collected under the authority of section 61(c) of the Access to Information and Protection of Privacy Act, 2015 for the purpose of determining your eligibility to write a blaster examination. If you have any questions about the collection, use and disclosure of your personal information, please contact James Brake at 709-637-2333 or jamesbrake@gov.nl.ca

| SECTIO   | N A   Applicant Informat       | tion (fielas markea w   | ith an asterisk are | mandator                                | у)                  |          |          |                 |
|--|--------------------------------|-------------------------|---------------------|---|---------------------|----------|----------|-----------------|
|  |                                |                         |                     |   |                     |          |          |                 |
| *Name:   | Surname                        |                         | First               | Initial                                 | *S. I. I            | N        | <u> </u> |                 |
|  |                                |                         |                     | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                     |          |          |                 |
| *Addres  | P.O. Box / Street              |                         | Province            | Postal Cod                              | le                  |          |          |                 |
| *DOB:  | / / *Tel. No                   | ,                       | Cell Phon           | a·( )                                   | Γ                   | رانه د   |          |                 |
| *DOB:  | Month Day Year                 | o:()                    | Cell Phon           | e: ()                                   | En                  | nail:    |          |                 |
|  |                                |                         |                     |   |                     |          |          | l               |
| SECTION B   Certification Level Requirements   |                                |                         |                     |   |                     |          |          |                 |
|  |                                |                         |                     |   |                     |          |          |                 |
| ☐ LEV  | EL 3                           |                         |                     |   |                     |          |          |                 |
| <ul> <li>A candidate for certification as a Blaster Level III shall hold a Blasters Certificate Level II; and</li> </ul>                                       |                                |                         |                     |   |                     |          |          |                 |
| <ul> <li>Shall have one thousand (1000) hours of practical experience as a Certified Blaster Level II. Experience must be verified by the certified</li> </ul> |                                |                         |                     |   |                     |          |          |                 |
| blaster and the employer, using the NL Blaster Field Journal; and  |                                |                         |                     |   |                     |          |          |                 |
|  |                                |                         |                     |   |                     |          |          |                 |
| <ul> <li>Shall have completed five (5) blasts within 30M of an occupied structure under the supervision of a certified Level III Blaster; and</li> </ul>       |                                |                         |                     |   |                     |          |          |                 |
| <ul> <li>Submit a copy of your blaster field journal, showing successful attainment of these requirements.</li> </ul>  |                                |                         |                     |   |                     |          |          |                 |
|  |                                |                         |                     |   |                     |          |          |                 |
|  |                                |                         |                     |   |                     |          |          |                 |
| Signature  |                                |                         |                     |   | Date_               |          | 1        | /               |
| J  |                                |                         |                     |   | -                   |          |          |                 |
|  |                                |                         |                     |   |                     | Month    | Day      | Year            |
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|  |                                |                         |                     |   |                     |          |          |                 |
| OFFICE U   | JSE ONLY                       |                         |                     |   |                     |          |          |                 |
| Hours Required Required blasts completed: Yes D No D   |                                |                         |                     |   |                     |          |          |                 |
| Hours Cr   | edited                         | _ Required training com | pleted: Yes         | No 🗖                                    |                     |          |          |                 |
| Hours Remaining  |                                |                         |                     |   |                     |          |          |                 |
| Rejected   |                                | Date _                  |                     |   |                     |          |          |                 |
|  | Program Development            | Officer                 | Month Day           | /ear                                    |                     |          |          |                 |
| Approve  | d                              | Date _                  | Month Day           | /a                                      |                     |          |          |                 |
|  | Program Development            | Ojjicer                 | Month Day           | /ear                                    |                     |          |          |                 |
|  | AVALON                         | CLARENVILLE             | CENTRA              |   | WESTERN             |          | 1 4      | BRADOR          |
| Govern   | AVALON<br>ment of Newfoundland | Government of           | Government of Nev   |   | Government of Newfo | oundland |          | of Newfoundland |

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