

BLASTER LEVEL 1 & 2 APPLICATION TO BE EXAMINED

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.

SECTION A | Applicant Information *(fields marked with an asterisk are mandatory)*

*Name: _____ *S. I. N. _____ / _____ / _____
Surname First Initial

*Address: _____ / _____ / _____
P.O. Box / Street City Province Postal Code

*DOB: _____ / _____ / _____ *Tel. No: (_____) _____ Cell Phone: (_____) _____ Email: _____
Month Day Year

SECTION B | Level to Be Examined *(select only one level)*

LEVEL 1

- A candidate for certification as a Blaster Level I shall be in completion of a prescribed plan of training for level I blasters.

A copy of the blaster's field journal and an original college transcript, showing successful completion of the 12 week blaster training program, must accompany this application. Approved applicants must attempt the examination within six (6) months of approval date.

LEVEL 2

- A candidate for certification as a Blaster Level II shall hold a Blasters Certificate Level I; and
- Shall have one thousand (1000) hours of practical experience as a Certified Blaster Level I. Experience must be verified by the certified blaster and the employer, using the NL Blaster Field Journal; and
- Shall have completed two (2) blasts within 1000M of an occupied structure under the supervision of a certified Level II or higher blaster; and

A copy of the blaster's field journal, showing successful attainment of these requirements, must accompany this application. Approved applicants must attempt the examination within six (6) months of approval date.

Have you written an examination for this level before? Yes No If yes, when?

SECTION C | Special Accommodations

Where available, the Apprenticeship and Trades Certification Division will provide reasonable accommodations to candidates having physical, emotional or learning barriers. To be eligible for special accommodations, candidates must provide supportive medical or other professional documentation to the division. The documentation must:

- Be prepared and signed by a qualified professional;
- Clearly identify a diagnosis or special need and provide information that assists in determining what accommodations may be required.

Will you require assistance or special accommodations?

Yes No

If yes, have you included the specified documentation?

Yes No

Signature _____

Date _____ / _____ / _____
Month Day Year

<p>OFFICE USE ONLY</p> <p>Hours Required _____ Required blasts completed: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Hours Credited _____ Required training completed: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Hours Remaining _____</p> <p>Rejected _____ Date _____ / _____ / _____ <small style="margin-left: 100px;">Program Development Officer</small> <small style="margin-left: 100px;">Month</small> <small style="margin-left: 100px;">Day</small> <small style="margin-left: 100px;">Year</small></p> <p>Approved _____ Date _____ / _____ / _____ <small style="margin-left: 100px;">Program Development Officer</small> <small style="margin-left: 100px;">Month</small> <small style="margin-left: 100px;">Day</small> <small style="margin-left: 100px;">Year</small></p>	<p>POST EXAM:</p> <p>Exam Date _____ / _____ / _____ <small style="margin-left: 100px;">Month</small> <small style="margin-left: 100px;">Day</small> <small style="margin-left: 100px;">Year</small></p> <p>Result Pass <input type="checkbox"/> Fail <input type="checkbox"/> Grade _____</p> <p>Registration No. _____</p> <p>Date Registered _____ / _____ / _____ <small style="margin-left: 100px;">Month</small> <small style="margin-left: 100px;">Day</small> <small style="margin-left: 100px;">Year</small></p>
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<p>AVALON Government of Newfoundland and Labrador Apprenticeship and Trades Certification Division 1170 Topsail Road Mount Pearl, NL P.O. Box 8700, St. John's, NL A1B 4J6 Phone: (709) 729-2729 Fax: (709) 729-5878</p>	<p>CLARENVILLE Government of Newfoundland and Labrador Apprenticeship and Trades Certification Division 45 Tilley's Road Clarenville, NL A5A 1Z4 Phone: (709) 466-3982 Fax: (709) 466-3987</p>	<p>CENTRAL Government of Newfoundland and Labrador Apprenticeship and Trades Certification Division 42 Hardy Avenue Grand Falls-Windsor, NL A2A 1W9 Phone: (709) 292-4215 Fax: (709) 292-4502</p>	<p>WESTERN Government of Newfoundland and Labrador Apprenticeship and Trades Certification Division Aylward Building 1 Union Street, P.O. Box 2006 Corner Brook, NL A2H 6J8 Phone: (709) 637-2366 Fax: (709) 637-2519</p>	<p>LABRADOR Government of Newfoundland and Labrador Apprenticeship and Trades Certification Division Burseley Building 163 Hamilton River Road P.O. Box 3014, Station B Happy Valley-Goose Bay, NL A0P 1E0 Phone: (709) 896-6348 Fax: (709) 896-6703</p>
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