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Credential Application

Remit to:
 State of Wisconsin
 Department of Commerce-Credentialing
 P.O. Box 78780
 Milwaukee WI 53293-0780
 Phone (608) 261-8467
 TDD #: (608) 264-8777 7:45 a.m. - 4:30 p.m.
 E-mail: madisoncred@commerce.state.wi.us

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

THE CREDENTIAL WILL NOT BE PROCESSED UNLESS YOU :

- A. Sign and date this form;
- B. Submit a complete application with all blanks filled in or marked non-applicable;
- C. Attach the specified fee; and
- D. Attach documents if specified on this application.

Instructions: Please review the pre-printed information in the boxed portions of this application. Clearly print corrections or new information where needed. Please use a color of ink other than black. **Be certain to sign and date the application.** The applicant's social security number is mandatory information. **Make a photocopy of the completed application for your records.**

By signing below, the applicant swears that all information provided on this application is true, accurate and that the credential requirements are met. **Notice: Information collected may be used for participation surveys, eligibility for approvals, law enforcement (including child support and tax delinquency enforcement) purposes and other secondary purposes. The Department may also provide this information to requesters pursuant to Wisconsin's open records law, ss. 19.31-19.39 stats. Social security numbers are required when applying for a license according to Wisconsin Stats. But they may not be disclosed to anyone except other State of Wisconsin governmental agencies.**

Applicant Information	
Applicant's Social Security No:	
Applicant's Name (First, Middle and Last):	
Address No. & Street, or P.O. Box:	
City, Town or Village, State, Zip + 4 Code:	
Country, If Other Than United States:	
Telephone No. (include area code):	
If Available, Fax No. (include area code):	
If Available, E-mail Address:	

Applicant's Signature
Date (mo/day/yr)

Send application and payment to: State of Wisconsin, Department of Commerce-Credentialing, P.O. Box 78780, Milwaukee, WI 53293-0780

Overnight mail delivery and Office location: State of Wisconsin, Department of Commerce-Credentialing, 201 W. Washington Ave., Madison, WI 53703

All other correspondence: Wisconsin Department of Commerce, Safety & Buildings Div., P.O. Box 7082, Madison, WI 53707

CLASS 4 BLASTER LICENSE

Exam Fee (nonrefundable): \$30.00 class code 8262

Make checks payable to: Department of Commerce. When the exam is passed, the applicant will be asked to pay a \$100 credential fee. The credential, which will be issued after the exam is passed and the credential fee paid, will be effective for 4 years from the date of issuance.

Reason for Credential: No person may prepare explosive charges or conduct blasting operations unless the person holds a credential issued by the department as a licensed class 1 blaster, licensed class 2 blaster, licensed class 3 blaster, licensed class 4 blaster, licensed class 5 blaster, licensed class 6 blaster or licensed class 7 blaster or is under the direct supervision of a person who holds a credential issued by the department as a licensed blaster in one or more of the categories.

Requirements of Credential: A person, who either holds a credential as a licensed class 4 blaster or is under the direct supervision of a person who holds a credential as a licensed class 4 blaster, is limited to conducting blasting operation and activities not closer than 2500 feet to an inhabited building for quarries, open pits, road cuts, trenches, site excavations, basements, underwater demolition or underground excavations.

A person who holds the credential shall carry on his or her person the credential issued by the department while performing or conducting the activity or activities permitted under the credential.

Qualifications for Examination: In order to qualify to take the blaster license examination the applicant must be at least 21 years old, have at least 640 hours of experience working under the direct supervision of a person who holds a class 4 blaster license for a class 4 blaster license examination and has not been arrested or convicted for a crime substantially related to the credential. To demonstrate the applicant's qualifications do the following:

1. **Fill** in the applicant's birth date (month/day/year, example 04/02/60):

2. **Fill** in the number of hours in the Experience Hours column the applicant has worked under the direct supervision of the person who holds a Wisconsin Class 4 Blaster license. Have the person who holds a Class 4 Blaster license and directly supervised the work performed by the applicant sign that the applicant completed the hours of experience.

Experience Hours	Hours Witnessed by (please print)	Signature of Witness	Witness Credential (license) Number	Telephone Number of Witness

In order to obtain the credential the applicant must obtain a score of at least 70% on an examination. The exam will cover information contained in chapters Comm 5 and 7, Wisconsin Administrative Code and NFPA 495 of the National Fire Protection Association and the exam is open book. Copies of current Wisconsin Administrative Code books may be obtained from Document Sales @ (608) 266-3358 or @ (800) 362-7253 and NFPA 495 may be ordered from the National Fire Protection Association @ (800) 344-3555.

To schedule an exam:

- In the table below circle the month you would like to take the exam and the city in which you would like to take the exam. Record a telephone number where you can be reached during the day in case the exam center is filled for that date.
- Submit the **FEE AND THIS APPLICATION** with the month and city circled for the exam to the division **at least 30 days in advance of the exam date chosen**. Note you may wish to keep a copy of this letter for your records.

Exam Name: CLASS 4 BLASTER	This is a 3-hour exam. PLEASE CHOOSE ONE BELOW: <input type="checkbox"/> AM Starting at 7:15 <input type="checkbox"/> PM Starting at 11:45
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Circle the exam location of your choice below.
Then below the location, circle the day you would prefer to take the exam.

2008 Exam Schedule			
<i>EAU CLAIRE</i> <i>Ramada Convention Center</i> <i>205 S. Barstow St.</i> <i>715-835-6121</i>	<i>GREEN BAY</i> <i>Hotel Sierra</i> <i>333 Main St</i> <i>920-432-4555</i>	<i>MADISON</i> <i>Quality Inn & Suites</i> <i>2969 Cahill Main</i> <i>608-274-7200</i>	<i>PEWAUKEE</i> <i>Waukesha County Technical College</i> <i>WCTC</i> <i>800 Main St</i> <i>262-695-3474</i>
January 23			January 9
February 20	February 5	February 12	
March 19			March 6
April 8	April 22		April 17
May 13			May 20

June 10	June 4		June 18
July 16			July 10
August 20	August 13	August 6	
September 17			September 10
October 15	October 9		October 22
November 19			November 11
		December 3	

Daytime Phone Number:	
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A letter confirming the exact date, time and location will be sent to you.

The Department of Commerce is partnering with OSER to offer exams on the second Saturday of each month in 14 different cities throughout the State. Exam administration will be done by the Office of State Employment Relations (OSER) and follow the same rules as the Safety and Buildings administered tests.

To schedule an OSER exam:

- In the table below circle the month you would like to take the exam and the city where you would like to take the exam. Record your daytime telephone in case the exam center is filled for that date.
- Submit the **FEE AND THIS APPLICATION** with the month and date circled for the exam to the division **at least 30 days in advance of the exam date chosen**. Note you may wish to keep a copy of this letter for your records.

After your application has been processed, you will receive a letter from Safety and Buildings confirming the date and city of your exam. **You will also receive an additional confirmation letter from OSER approximately one week before the exam. This letter will confirm the date, time, specific building and room location as well as, exam type, and length of your exam.** If special accommodations are requested, please contact Safety and Buildings at (608) 261-8467 prior to submitting your application. Please contact OSER with any questions after receiving the final confirmation letter, by phone at (608) 267-1013 or by email at wicertexams@wisconsin.gov.

Exam Name: CLASS 4 BLASTER				This is a 3-hour exam and will be scheduled for the a.m.		
Circle the exam location of your choice below.						
Then below the location, circle the month you would prefer to take the exam.						
2008 OSER Exam Schedule						
<i>Ashland</i>	<i>Eau Claire</i>	<i>Fond Du Lac</i>	<i>Green Bay</i>	<i>Kenosha</i>	<i>La Crosse</i>	<i>Madison</i>
July 12	July 12	July 12	July 12	July 12	July 12	July 12
August 9	August 9	August 9	August 9	August 9	August 9	August 9
September 13	September 13	September 13	September 13	September 13	September 13	September 13
October 11	October 11	October 11	October 11	October 11	October 11	October 11
November 8	November 8	November 8	November 8	November 8	November 8	November 8
December 13	December 13	December 13	December 13	December 13	December 13	December 13
<i>Milwaukee</i>	<i>Platteville</i>	<i>Rhineland</i>	<i>Rice Lake</i>	<i>Superior</i>	<i>Wausau</i>	<i>WI Rapids</i>
July 12	July 12	July 12	July 12	July 12	July 12	July 12
August 9	August 9	August 9	August 9	August 9	August 9	August 9
September 13	September 13	September 13	September 13	September 13	September 13	September 13
October 11	October 11	October 11	October 11	October 11	October 11	October 11
November 8	November 8	November 8	November 8	November 8	November 8	November 8
December 13	December 13	December 13	December 13	December 13	December 13	December 13

Home Phone:	
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