

# Blasting Exam Registration

**This form will not work if opened within an internet browser.** You **must** use Adobe Acrobat Reader. **Download** a free copy, if needed. [Click here](#) for instructions on how to complete, save, and submit this form.

**Please note:** Exam date is not final until a confirmation is received.

Name		Phone number	Email address	
Date of exam (Please review the exam schedule <a href="#">here</a> ) First choice (yyyy-mm-dd)		Location of exam		
Second choice (yyyy-mm-dd)		<input type="checkbox"/> Richmond	<input type="checkbox"/> Nanaimo	<input type="checkbox"/> Kelowna
		<input type="checkbox"/> Nelson	<input type="checkbox"/> Cranbrook	<input type="checkbox"/> Prince George
		<input type="checkbox"/> Other	<input type="checkbox"/> Kamloops	<input type="checkbox"/> Terrace
Type of application				
<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Rewrite <input type="checkbox"/> Upgrade				
Enter a certificate number, if applicable				
Type				
<input type="checkbox"/> Surface Blaster, First Class		<input type="checkbox"/> Surface Blaster, Second Class		<input type="checkbox"/> Surface Blaster, Third Class
<input type="checkbox"/> Avalanche control		<input type="checkbox"/> Other		
Endorsements				
<input type="checkbox"/> Danger tree		<input type="checkbox"/> Safety fuse		<input type="checkbox"/> Shock tube
<input type="checkbox"/> Electric (single series)		<input type="checkbox"/> Electric (multiple series)		<input type="checkbox"/> Avalauncher
<input type="checkbox"/> Cornice		<input type="checkbox"/> Helicopter deployment		<input type="checkbox"/> Hand charging

## Instructions

1. Open the form in Acrobat by going to your Downloads folder and right-clicking on the PDF file. Select Open with > Adobe Acrobat Reader.
2. Type your information in the form.
3. Save your form, then click the Submit button at the end of the form.
4. An email to [blastercertification@worksafebc.com](mailto:blastercertification@worksafebc.com) will pop up. Ensure your completed form is attached, then click Send.

WorkSafeBC collects information on this form for the purposes of administering and enforcing the *Workers Compensation Act*. That Act, along with the *Freedom of Information and Protection of Privacy Act*, constitutes the authority to collect such information. To learn more about the collection of personal information, contact WorkSafeBC's FIPP Office, at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or email [FIPP@worksafebc.com](mailto:FIPP@worksafebc.com), or call 604.279.8171.