

STATE OF _____
COUNTY OF _____

AFFIDAVIT OF TRAINING CERTIFICATION

OFFICE OF SURFACE MINING (OSM) SURFACE BLASTER TRAINING

Before me, the undersigned authority, personally appeared _____
who, being by me duly sworn, deposed as follows:

My name is _____, I am of sound mind, capable of making this
affidavit, and verify that I have completed the following training:

| Modules | Initials | Date Completed |
|---|-----------------|-----------------------|
| Explosives | | |
| Initiation Systems | | |
| Surface-Blast Design | | |
| Blasthole Drilling | | |
| Blasthole Loading | | |
| Geology | | |
| Regulations and Safe Practices | | |
| Controlling the Adverse Effects of Blasting | | |

Affiant

In witness whereof I have hereunto subscribed my name and affixed my official seal
this _____ day of _____, 2012

Notary Public

My Commission Expires: _____