

First M Lastname  
123 Youraddress St  
Anytown, WA 98511

Explosives Licensing  
Attn: Licensing Supervisor  
PO Box 44655  
Olympia, WA 4655

Subject: Resume of Experience for Washington Explosives User's (Blaster's) License

Explosives Licensing Staff,

Please review the information below sent to satisfy the requirements of WAC 296-52-64050

Name of Applicant: Lastname, First M

Training:

- Classroom hours and location
- Hands-on (live use) hours and location
- Specify the type of blasting conducted and trained for
- Provide certificates of training with hours spent, or a signed statement by the blaster which conducted the training

Practical Experience:

- List your experience to satisfy requirements of WAC 296-52-64030(1)(c) or 64035(1) or (2)
- This is all done under the supervision of a licensed blaster and is in addition to training listed above
- Typically this is done on the job, so list the blasters-in-charge of the jobs worked and what you did
- Attach statements by the blasters-in-charge validating this experience. If it was all under one blaster that is fine, attach as many statements as needed.

I can be contacted at (phone number) or (email) if there are any questions.

*First M Lastname*

First M. Lastname