

**1. Application Details**

 New

 Tick if applicant is a Trainee (*under direct supervision*)

 Variation (*complete only the sections relevant to your variation*)

 Blaster's Licence Number

**2. Applicant details**

Family name <input type="text"/>	Given name(s) <input type="text"/>	Title <input type="text"/>	M/F <input type="text"/>	Date of birth <input type="text" value="DD/MM/YYYY"/>
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Residential Address

Suburb/town <input type="text"/>	State/territory <input type="text"/>	Postcode <input type="text"/>
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Postal address (*if different from above*)

Telephone <input type="text"/>	Mobile <input type="text"/>	Work <input type="text"/>
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Email address

Place of Birth <input type="text"/>	First year of residency in Australia <input type="text"/>
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**3. Blasting experience of the applicant**

Current employer <input type="text"/>	Employed since ( <i>date</i> ) <input type="text" value="DD/MM/YYYY"/>
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Employment Location (Site Name/s)

1	Employer & location (Previous) <input type="text"/>	Employment period <input type="text" value="DD/MM/YYYY - DD/MM/YYYY"/>
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2	Employer & location (Previous #2) <input type="text"/>	Employment period <input type="text" value="DD/MM/YYYY - DD/MM/YYYY"/>
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**4. Details of Licence**

**Work Classification**

Surface Mining (SM)     Underground mining (UM)     Opal mining (OM)

Special, please specify

**Kind of blasting explosives**

E.g. Commercial, please specify

#### 4. Details of Licence (continued)

##### Initiation Method(s) Type

Safety Fuse (SF)     Non-electric (NE)     Electric (EL)     Electronic (ELE)

##### Blasting Operation(s) Type

Surface Mining (SM)     Underground Development (UGD)  
 Underground Production (UGP)     Secondary (SEC)  
 Seismic (SEI)     Borehole perforation and recovery (BP)  
 Other, please specify

Will you be blasting in or about a built up area?     Yes     No

#### 5. Supporting documentation *(Please tick to confirm you have attached the required documents for the application)*

##### For new applications and variations (if applicable)

One colour passport photograph taken within 6 months of the application date, and

##### Essential

Statement from current employer (if applicable), on a company letterhead and signed by the applicant's supervisor (mentor for self employed people), outlining the following:

- Requirement of the applicant to conduct blasting operations
- Practical competency of the applicant to use explosives for blasting operations **OR**
- Statement of attainment or certificate of competencies from an approved Registered Training Organisation (RTO) issued under the Resource Industry Infrastructure Blasting (RIIBLA) Training Package.

##### Complementary

Copies of applicant's blasting operations competencies certified by current employer (not relevant for self employed people)

##### OR

Copy of the applicant's training logs for at least twelve (12) blasts. Each blast dated and certified by the shot firer (Blaster's Licence holder) and supervisor.

##### Additional documentation required for New applications:

Photocopy of both sides of the applicant's driver licence, clearly showing the applicant's facial features.

A current blasters licence or shot firer permit from another state or territory jurisdiction *(if applicable)*.

A National Police Certificate (NPC):

- Must have been issued within three (3) months of application; and
- If not an original NPC, it must be a certified copy signed by a Justice of the Peace, Police Officer or an Inspector of Explosives.

**Additional evidence may be requested to support applications.**

## 6. Declaration

**IMPORTANT: There are serious consequences for providing misleading or false information about any matter relevant to your application.**

**I declare that:**

- I consent to SafeWork SA making enquiries and exchanging information with Work Health and Safety regulators in other states, territories or the Commonwealth regarding any matter relevant to this application.
- I consent to SafeWork SA making enquiries and exchanging information with government agencies, in South Australia and in other states or territories or the Commonwealth regarding any matter relevant to this application.
- I consent to SafeWork SA making enquiries and exchanging information with any individuals or non-government agencies, in South Australia and in other states or territories or the Commonwealth regarding any matter relevant to this application.
- I declare that, to the best of my knowledge, the information provided in this application and supporting documentation are true and correct in every particular.
- I declare that I have not previously suffered and do not currently have a mental illness or incapacity. (If you have/had a mental illness or incapacity please attach details).
- I agree to my details being published by SafeWork SA

YES

NO

Printed name of applicant

Signature of applicant

Date



**TAX INVOICE - PAYMENT DETAILS**

**APPLICATION FOR A BLASTERS LICENCE**

Explosives Act 1936  
Explosives Regulations 2011

**SafeWork SA**

Enquiries 1300 365 255  
Internet safework.sa.gov.au  
Email licensing.safework@sa.gov.au  
Post GPO Box 465, Adelaide SA 5001  
ABN 50 560 588 327

**7. PAYMENT OPTIONS**

**IMPORTANT:** If you do not provide all of the information required, your application will be returned to you unprocessed.

**APPLICATION FEE:** Please refer to the detailed Application Fees document on SafeWork SA's website

**APPLICATION FEE DUE:** \$81.00 Non Refundable (Fee current to 30 June 2022)

(No fee for variations or replacements)

This fee is exempt from GST

**APPLY BY EMAIL:**

Accepted payment type

1 - VISA or MasterCard  
(provide cardholder information below)

**NOTE:** Once your application has been assessed, SafeWork SA will contact you for payment.

**Send all documents to**

[licensing.safework@sa.gov.au](mailto:licensing.safework@sa.gov.au)

(Total file size must be less than 20MB)

**APPLY BY POST:**

Accepted payment types

1 - VISA or MasterCard  
(provide cardholder information below)

2 - Cheque or money order  
(made out to SafeWork SA)

**Send all documents to**

SafeWork SA  
Licensing Unit  
GPO Box 465  
ADELAIDE SA 5001

**CARDHOLDER INFORMATION**

Name of cardholder (or if business name)

Signature of Card Holder

Name of person authorised to approve payment (if different to Card Holder name)      Contact telephone number

Date

Postal or email address for payer (receipts will be sent to this address)

I authorise SafeWork SA to deduct the amount of \$

SafeWork SA is unable to accept credit card details via email. Once your application has been assessed, SafeWork SA will contact you for payment.