



West Virginia State Fire Marshal's Office

Blasting Activity Registration Form

Form shall be submitted at least 2 business days prior to the actual blasting activity.

Applicant

Applicant Name:	
Address:	
City, State, Zip:	
Phone Number:	
Type of Business:	

Contact Person

Contact Name:	
Contact Phone Number:	
Blasting Subcontractor:	

Explosive & Location Information

Project Name:			
Explosive Types to be Used:			
Detonator Types to be Used:			
Blasting Location Address:			
Blasting County:			
Blasting GPS Coordinates:	N		W
Start Date:			
Job Duration (1 year max):			
Blast Times:			

Form may be submitted via fax (304) 558-2537 or via email to dawn.d.owens@wv.gov