

Testamomial of experience - Blasting license A

Name _____ Person no. or equivalent _____

Address _____

ZIP code _____ City _____

E-Mail _____ Phone _____

Relevant course Basic course Renewal Course date _____

A blasting license A requires at least 1 year of professional experience, wherein blasting work solely has been performed. For each type of blasting the work must add up to at least 6 months in experience for the person applying for a blasting license A. Less experience than 6 months total does not count towards the experience for that type of blasting. The experience must have been gained during the past 10 years and should be written as months and years that the person has worked with blasting. Supervisor experience does not count towards this experience.

Type of blasting	Zoning planned area		Other	
	Years	Months	Years	Months
Bench and trench blasting				
Tunnels & rock shelters				
Quarries & Mining				
Blasting of stone blocks				
Under water blasting				
Other:				

I solemnly attest that the information above is true and correct. Note! An untrue testimonial inquires responsibility according to brottsbalken, chapter 15, section 11.

City _____ Date _____

Signature _____

Name (Printed) _____

Complete address _____

E-mail _____ Phone _____

Relationship to the license seeker _____

(Employer, client, entrepreneur, police or other)



Send the testimonial to:

Bergutbildarna Korta gatan 7 171 54 Solna

Phone 08 540 600 60 **E-post** berg@bergutbildarna.se