

Testimonial of experience - Blasting license B

Name _____ Person nr _____

Address _____

Zip code _____ City _____

E-mail _____ Phone _____

Relevant course _____ Course date _____

A blasting license B requires at least 2 years of professional experience, wherein blasting work has been involved. The person applying for a blasting license type B is required to have actively been participating on multiple occasions, for each of the types of blasting, that the person is seeking a license for. This experience must have been gained during the past 5 years to be on the blasting license. Supervisor experience does not count towards this experience.

Type of blasting	Zoning planned area		Other	
	Years	Months	Years	Months
Power line building				
Farming and foresting				
Blasting in cemeteries				
Lesser construction work with mini-hole blasting (max 22 mm)				
Geological blasting				
Snow- and avalanche 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 (texted) _____

Complete address _____

Phone _____ Email _____

Relationship to the license seeker _____
(Employer, client, entrepreneur, police or other)



BERGUTBILDARNA

Send the testimonial to:

Bergutbildarna Korta gatan 7 171 54 Solna

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