

# Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way  
Madison, WI 53705  
Phone Number: (608) 266-2112

LicensE Portal: [License.wi.gov](https://license.wi.gov)  
Email: [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
Website: <http://dsps.wi.gov>

## **DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING**

### **CLASS 2 BLASTER LICENSE APPLICATION INFORMATION**

#### **Requirements for Credential**

Per [Wis. Admin. Code § 305.20](#), no person may prepare explosive charges or conduct blasting operations unless the person holds a credential as a licensed Class 1 Blaster, licensed Class 2 Blaster, licensed Class 3 Blaster, licensed Class 4 Blaster, licensed Class 5 Blaster, licensed Class 6 Blaster, or licensed Class 7 Blaster or is under the direct supervision of a person who holds a credential as a licensed Blaster in one or more of the categories.

A person who holds a credential as a licensed Class 2 Blaster or is under the direct supervision of a person who holds a credential as a licensed Class 2 Blaster is limited to conducting blasting operations and activities for stumps, boulders, ice, frost, concrete, footings, foundations, pole settings, drainage ditches, beaver dams, pot holes, seismic tests, boiler tubes, fertilizer piles, silos, dimension stone, well shooting, metal forms, black powder or coal piles.

#### **AN APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:**

1. **Application and Fees:** Apply and pay fees online in LicensE, <https://license.wi.gov>. Fees will be calculated in LicensE. If needed, you can save your application and complete it later and submit it at that time. **NOTE:** If DSPPS requests additional documents they must be uploaded within three (3) months from the date it was requested. Failure to do so may result in having to submit a new application and pay fees
2. **Criminal History Review (CIB Review):** The issuance of a Blaster license shall be contingent upon the Department's review of the applicant's criminal history record from the Department of Justice.
3. **Experience:** A person applying for Class 2 Blaster license shall be at least 21 years old and completed at least 640 hours of experience working under the direct supervision of a licensed Wisconsin Class 2 Blaster. **Complete** the Experience Table(Form 3089T) on the next page and upload it to your LicensE account. **Upload** a copy of transcripts, if applicable.
4. **Examination:** You will be made eligible to test after your application has been submitted and reviewed. If additional documents are required you will be made eligible to test after all documentation has been received and reviewed. A communication will be sent once you are made eligible to test. Please check your "junk" or "spam" email folders. You can also check the status of your application by entering your Preliminary Application Number (PAR) at <https://license.wi.gov/s/application-status-lookup>. If you fail an exam, you must login to License, <https://license.wi.gov>, and pay another exam fee.

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## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING CLASS 2 BLASTER EXPERIENCE FORM (3089T)

<b>APPLICANT</b> Complete the applicant section of the form. Obtain the required signatures in the Experience Table then upload the completed form into your LicenseE account, <a href="https://license.wi.gov/">https://license.wi.gov/</a> .			
<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Former/Maiden Name(s)</b>
This form is required for applicants for a Class 2 Blaster License. See page i of Form 3089 for further information.			<b>Application Number</b>
			<b>PAR-</b>

<b>EXPERIENCE TABLE</b> (Upload additional sheets if needed.)			
1.	Name of Witness		WI License #
	Start (Month/Year): ____ / ____	End (Month/Year): ____ / ____	Hours: _____
	Signature of Witness/School (If unable to provide a digital signature print and sign form.)	Date	Witness Phone Number
		__ / __ / ____	____ - ____ - ____
2.	Name of Witness		WI License #
	Start (Month/Year): ____ / ____	End (Month/Year): ____ / ____	Hours: _____
	Signature of Witness/School (If unable to provide a digital signature print and sign form.)	Date	Witness Phone Number
		__ / __ / ____	____ - ____ - ____
3.	Name of Witness		WI License #
	Start (Month/Year): ____ / ____	End (Month/Year): ____ / ____	Hours: _____
	Signature of Witness/School (If unable to provide a digital signature print and sign form.)	Date	Witness Phone Number
		__ / __ / ____	____ - ____ - ____
4.	Name of Witness		WI License #
	Start (Month/Year): ____ / ____	End (Month/Year): ____ / ____	Hours: _____
	Signature of Witness/School (If unable to provide a digital signature print and sign form.)	Date	Witness Phone Number
		__ / __ / ____	____ - ____ - ____
5.	Name of Witness		WI License #
	Start (Month/Year): ____ / ____	End (Month/Year): ____ / ____	Hours: _____
	Signature of Witness/School (If unable to provide a digital signature print and sign form.)	Date	Witness Phone Number
		__ / __ / ____	____ - ____ - ____