

Effective October 2007, the State of Georgia requires that all Level III Blasters operating in the State must attend an 8-hour Continuing Education Course every two (2) years. The State Fire Marshal's Office has approved this Program only for certification. **If you completed your license renewal last year, please pass this announcement on to another blaster.**

## GEORGIA BLASTER EDUCATION

State of Georgia Level III 8-Hour Training



Presented by  
**ANA LLC**



Speakers from our staff and invited representatives from private and governmental industries will address the latest blasting issues, including:

- Blasting Safety Flyrock
- Geological Effects on Blasting
- Field Controls and Drilling Accuracy
- Explosives Products and Selection
- Detonators and Initiation Systems
- Blast Design
- Ground Vibrations and Air Waves
- Explosives Regulations and Compliance

**WHEN:** 8:00 am – 5:00 pm, September, 20, 2024

**WHERE:** Holiday Inn Express, Gainesville-Lake Lanier Area, 1189 Dawsonville Hwy, Gainesville, GA 30501

**FEES:** **\$250.00 / Per Person**  
(Early Registration / Prior to September 1<sup>st</sup>)  
**\$265.00 / Per Person Thereafter**  
Attendance is limited so register early.

**DAY OF CONFERENCE:**  
7:00 am Registration  
8:00 am – 5:00 pm Conference  
(Certificates of Completion issued at conclusion of conference)

**LODGING:** Contact Holiday Inn Express (**770-533-5140 Ext. 703**) and ask for *Georgia Blasting Training* conference rate when making room reservation. Rooms are limited. Additional lodging available in the Gainesville area.

**QUESTIONS:** Larry Gilmore @ (404)680-6029  
[larry@controlledblasting.com](mailto:larry@controlledblasting.com)  
Mick Fritz @ (770)712-7281  
mickfritz49@gmail.com

## GEORGIA BLASTER EDUCATION

Gainesville, Georgia – September 20, 2024

*Please print. To register additional persons, add their names to this form or use a separate page.*

Name(s) \_\_\_\_\_  
\_\_\_\_\_

Company \_\_\_\_\_

Mail Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Enclosed is my check (payable to ANA, LLC)

Charge my credit card: (circle one)

AMEX      Discover      MasterCard      Visa

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Zip Code for Credit Card: \_\_\_\_\_

Signature: \_\_\_\_\_