BASIC ISSUES IN BLASTING

BLASTER TRAINING SEMINAR
Hilton Garden Inn

2631 Highwood Blvd, Smyrna, TN 37167, United States

Friday, September 26th, 2025   8:00 am to 4:30 pm

WHO SHOULD ATTEND: Tennessee licensed blasters must have 16 hours of continuing education credit before renewing their registration every three years. Limited blasters must have 8 hours, and explosive handlers must have 6 hours of such training. This class will provide 8 hours of training. A certificate of attendance will be given to all who attend to document their training. This class may also meet part of the continuing education requirement for other states. Blasters in states other than Tennessee should contact their regulatory agencies to determine if this class qualifies.

SOME TOPICS TO BE COVERED :

Basic Blast Design
Misfire Handling
Borehole deviation
411 Call before you dig
Laws and Regulations Governing Blasting

REGISTRATION: The course fee is $ 300 per person.
This fee covers all course material, lunch, and a certificate of completion. Hotel discount available using "Blasters Training"

DEADLINE TO REGISTER: Registration must be received by Sept 1st, 2025. Since there is a limited number of places in the class, please register early to ensure your place in the class. If necessary to cancel, full refunds will be given up to 7 days before the class date. After that date, no refunds can be made, but substitutions for persons registered can be made at any time. Pneu Wave Consulting reserves the right to cancel the class in case of insufficient enrollment. If you are retired and have previously attended classes, please contact us.

FOR MORE INFO: CONTACT MICK FRITZ OR EVAN THIBAUD AT
(423) 312-2400 OR evan.thibaud@pneuwave.com
TO REGISTER FOR THE class, COMPLETE THIS FORM AND MAIL WITH YOUR CHECK OR CONTACT FOR INVOICE
TO: PNEU WAVE CONSULTING 815 HURRICANE CREEK ROAD, CHATTANOOGA TN 37421
If an email is supplied, you will be contacted for confirmation.

Smyrna, September 26th, 2025
Please print or email this form to register each person.

Name(s) _____ Company_____

Mail Address _____

City _____ State _____ Zipcode _____

Phone _____ E-mail Address_____