OKLAHOMA
NON-MINING BLASTING PERMIT
APPLICATION

TACTICAL ELECTRONICS
AND MILITARY SUPPLY,
LLC

POSTED FROM

01/10/2019 to 01/24/2019
STATE OF OKLAHOMA
DEPARTMENT OF MINES

APPLICATION FOR BLASTING PERMIT
IN ACCORDANCE WITH 63 O.S., (1995) 123.1 et seq.
(SECTION 1)

DATE: 12-19-2018

PERMIT TYPE: _______One Time _______Limited Time _______Continuous Blasting Operations

If this is for renewal of a current blasting permit, list your permit number:

CORPORATION/BUSINESS NAME: Tactical Electronics and Military Systems LLC

Mailing Address (Street, R.F.D., Box No.) City State Zip
2200 N Hemlock Ave, Broken Arrow OK 74012

Physical Address of Business (Location where blasting records are held for review)
2200 N Hemlock Ave, Broken Arrow OK 74012

Federal Tax ID# Business Telephone Number Fax Number
918 704 8151 918 249 8328

I hereby make application for a permit to use explosives or engage in blasting in the State of Oklahoma.

PLEASE ATTACH COPIES OF THE FOLLOWING: (For all Certified Blasters)
- Copy of the Blaster’s Certificate
- Any information concerning administrative or judicial proceedings in which the applicant is involved and the current status; notification of permit suspension or revocation (460:25-5-6)
- Verification of application
- Proof of Liability Insurance (460:25-11-3)

OFFICIAL USE ONLY

DATE RECEIVED: ________________________________
DATE APPLICATION WAS APPROVED: ______
STATE PERMIT NUMBER: ______
RENEWAL DATE FOR PERMIT: ____________________

NMODM06/28/2017
**STATE OF OKLAHOMA**
**DEPARTMENT OF MINES**

**OKLAHOMA APPLICATION FOR A BLASTING PERMIT**

Compliance and Related Information
(Section 2)

Date: **12-19-2018**

**TACTICAL ELECTRONICS AND MILITARY SUPPLY LLC**

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<th>Name of company</th>
<th>Mine name or number</th>
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<td>2200 N. HEMLOCK AVE BROKEN ARROW OK 74012</td>
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<tr>
<th>Company address</th>
<th>Street, RFD or Box</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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**NOTE:** ANSWER ALL QUESTIONS ON THIS FORM. (If no answer, write “none”). PROPERLY IDENTIFY AND SECURE ANY ATTACHED EXHIBITS, IF USED. PLEASE REFER TO THE SPECIFIC ITEM NUMBER OF THIS FORM.

**IDENTIFICATION OF INTERESTS:** In compliance with section 460:25-5-5 of the Rules and Regulations for Blasting, the APPLICANT is required to furnish the following:

460:25-5-5

1a. Applicant is an Individual or Single Proprietorship ( ) If yes, provide Social Security #:  

1b. Applicant is a: ( )Corporation ( )Joint Venture (X)Partnership ( )Other:

2. Please provide the names of every officer, partner, director, or other person performing similar to director of the applicant.

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<tr>
<td>TIM THORNTON</td>
<td>2200 N HEMLOCK AVE BROKEN ARROW OK 74012</td>
<td>CEO/OWNER</td>
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<td>JULIE THORNTON</td>
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NMODM05/29/14
**COMPLIANCE INFORMATION**

**460:25-5-6**

1. Has the applicant for the permit, or any subsidiary, affiliate or by or under common control with the applicant has a suspended or revoked permit in the last five (5) years? Yes X No

2. If the answer to the above question was yes, applicant should provide the following information:

**460:25-5-6(2)(A)**

Permit Identification #: NONE Date of Issuance: NONE

**460:25-5-6(2)(B)**

What is the current status of the permit involved? NONE

**460:25-5-6(C)**

Provide the date, location and type of any administrative or judicial proceedings initiated concerning the suspension, revocation or forfeiture:

Date: NONE Location: Type

**460:25-5-6(D)**

What is the current status of these proceedings? NONE
VERIFICATION OF BLASTING PERMIT APPLICATION

In accordance with 460:25-5-8 of the State of Oklahoma Blasting Regulations this is verification that the information contained in this application is true and correct to the best of my information and belief; and the applicant has not had a permit suspended or revoked in the last five years.

[Signature]
Signature of an Official of the Company

[Owner/CEO]
Title of Official

ATTEST:

Subscribed and sworn to before me this 3 day of January 2019

[Signature]
Notary Public

My Commission Expires: 9-18-2021

NMODM05/29/14
CERTIFIED BLASTERS*
FOR INFORMATIONAL PURPOSES ONLY

OAC 460:25-13-6 (b) states “The blaster certification shall be carried by the blaster or shall be
on file at the blasting area during the blasting operation.”

BLASTER’S STATE CERTIFICATION #: NM 18-015
ISSUED DATE: 11/16/2018 EXPIRATION DATE: 11/30/2020
Name of Certified Blaster: James Chang
Telephone Number

BLASTER’S STATE CERTIFICATION #: NM 17-014
ISSUED DATE: 06/29/2017 EXPIRATION DATE: 06/30/2019
Name of Certified Blaster: Michael Benton
Telephone Number

BLASTER’S STATE CERTIFICATION #:
ISSUED DATE: EXPIRATION DATE:
Name of Certified Blaster
Telephone Number

BLASTER’S STATE CERTIFICATION #:
ISSUED DATE: EXPIRATION DATE:
Name of Certified Blaster
Telephone Number

BLASTER’S STATE CERTIFICATION #:
ISSUED DATE: EXPIRATION DATE:
Name of Certified Blaster
Telephone Number

* A current certification is required to conduct blasting.

NMOMD07/19/2018
CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFER NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
License #: 100161891
Hub International Mid-America
5100 S. Yale Ave., Ste. 1900
Tulsa, OK 74136

CONTACT
NAME: Jan Burr
PHONE: (918) 491-8560
FAX: -
E-MAIL: Jan.burr@hubinternational.com

INSURER(S) AFFORDING COVERAGE

INSURER A: Twin City Fire Insurance Company
29459
INSURER B: Trumbull Insurance Company
27120
INSURER C: Hartford Casualty Insurance Company
29424

INSURER D:
INSURER E:
INSURER F:

COVERAGES

COVERAGE: COMMERCIAL GENERAL LIABILITY
GEN. AGGREGATE LIMIT APPLIES PER:

TYPE OF INSURANCE
A COMMERCIAL GENERAL LIABILITY
B AUTOMOBILE LIABILITY
A UMBRELLA LIABILITY
EXCESS LIABILITY
C WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE NUMBER: 38CESOF7227
POLICY NUMBER: 38CESOF7227
POLICY EFF: 04/01/2018
POLICY EXP: 04/01/2019

LIMITS

NEGLIGENCE OCCUR

04/01/2018 04/01/2019

EACH OCCURRENCE: $1,000,000

PREMISES (Even occurrence): $300,000

MED EXP (Any one person): $10,000

PERSONAL & ADV INJURY: $1,000,000

GENERAL AGGREGATE: $2,000,000

PRODUCTS - COMMODITY: $2,000,000

EMPLOYMENT PRAC: $1,000,000

COMBINED SINGLE LIMIT (C.S.L): $1,000,000

BOODLY INJURY (Per person): $

BOODLY INJURY (Per accident): $

PROPERTY DAMAGE (P.W.ACCIDENT): $

04/01/2018

EACH OCCURRENCE: $2,000,000

AGGREGATE: $2,000,000

04/01/2018

X PER STATUTE OTHER

E.L. EACH ACCIDENT: $1,000,000

E.L. DISEASE - EA EMPLOYEE: $1,000,000

E.L. DISEASE - POLICY LIMIT: $1,000,000

CERTIFICATE HOLDER

State of Oklahoma
Department of Mines
2916 N Classen Blvd, Ste 213
Oklahoma City, OK 73105

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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DATE: 06/29/2017
EXPIRES: 06/30/2019

STATE OF OKLAHOMA
OKLAHOMA DEPARTMENT OF MINES
NON-MINING BLASTER CERTIFICATE

This certifies that: MICHAEL WAYNE BENTON, JR. has completed the requirements of a Certified Blaster as prescribed by the Oklahoma Department of Mines Title 63.

Director of ODM
State of Oklahoma

Blaster Certificate

Non-Mining

This certificate certifies that JAMES STEPHAN CHAMBERS has successfully completed the requirements of a Non-Mining Certified Blaster and is hereby registered with the Oklahoma Department of Mines.

Dated this 16th day of November, 2018

[Signature]

Certificate Expiration Date: 11/30/2020

[Stamp]
DEPARTMENT OF MINES
2915 N. CLASSEN BLVD., STE 213
OKLAHOMA CITY, OK 73106
405/427-3859

DATE 1-9-19

RECEIVED FROM Tactical Electronics
THE SUM OF One hundred twenty-five dollars $175.00
FOR Application for Blasting Permit

AMOUNT OF ACCOUNT $370.00
AMOUNT PAID $195.00
BALANCE DUE $175.00

Thank You! D. Hedmon

□ CASH  ✔ CHECK  □ M.O.  □ CREDIT CARD