

Attach recent photograph

Certification No: _____

Date Issued: _____



STATE OF WEST VIRGINIA
OFFICE OF MINERS' HEALTH, SAFETY AND TRAINING
#7 Players Club Drive – Suite 2
Charleston, West Virginia 25311-1626
www.wvminesafety.org

Underground Mine Foreman Continuing Education Instructor Application

Name _____
Last First Middle

Address _____
Street or Box City State Zip

Social Security No. (Last 4 Digits) _____ West Virginia Miner's Certificate No. _____

West Virginia Mine Foreman No. _____

Certifications/Qualifications (MSHA, WV State) _____

Name and Address of college/university attended _____

Type of Degree _____

UNDERGROUND EXPERIENCE

Company and Mine Name

Address

(1) _____
Years of Experience _____ Dates of Employment _____ / _____ / _____ to _____ / _____ / _____
Month Day Year Month Day Year

(2) _____
Years of Experience _____ Dates of Employment _____ / _____ / _____ to _____ / _____ / _____
Month Day Year Month Day Year

(3) _____
Years of Experience _____ Dates of Employment _____ / _____ / _____ to _____ / _____ / _____
Month Day Year Month Day Year

Date: _____

Signature of Applicant

Subscribed and sworn before me, a Notary Public in and for _____ County, State of _____, this _____ day of _____, 20_____.

Notary Public

My Commission Expires _____

§22A-1-21(d) Whosoever knowingly makes any false statements, representation, or certification in any application, record, plan, or other document filed or required to be maintained pursuant to this law or any order or decision under this law shall be guilty of a misdemeanor, and upon conviction thereof, shall be fined not more than \$5,000.00 or imprisoned in the county jail not more than six (6) months, or both, fined and imprisoned.

To Be Completed By Company Official Verifying Mining Experience

This is to certify that _____ has had _____ years _____ months of underground mining experience with this company.

Coal Company / Mine

Employment Dates: _____ / _____ / _____ to _____ / _____ / _____
Month Day Year Month Day Year

Signature of Company Official

Printed Name/Title of Co. Official certifying experience

Date

Subscribed and sworn before me, a Notary Public in and for _____ County, State of _____, this _____ day of _____, 20_____.

Notary Public

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Employment Dates: _____ / _____ / _____ to _____ / _____ / _____
Month Day Year Month Day Year

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