

**Underground Mine
Foreman Application
Packet**

Directions for Mine Foreman Application

Important Note: You cannot use whiteout or cross through any letter or number on this document. If you make a mistake you must completed another document. Mistakes cannot be corrected.

Directions to the applicant: Complete Section 1 and 2. Section 3 is a Notary Public witnessing your signature. Section 4 is to be completed by the companies that are documenting your experience. Section 2 should match the Section 4 pages you get completed. You may want to wait and get the Section 4 pages back from companies before completing Section 2 so all the dates match. Use as many Section 4 pages as needed to document three or five years. When you have all forms completed fill in the box Sheet ____ of ____ on all forms. Example: If you have three pages total the first page will have Sheet 1 of 3, the second page will have Sheet 2 of 3 and page three will have Sheet 3 of 3. Staple all the pages together and submit to the local office of the West Virginia Office of Miners' Health, Safety & Training where you plan on taking the examination. The addresses of the offices are:

West Virginia Office of Miners' Health, Safety & Training – 14 Commerce Dr. - Westover, WV 26501 Phone 304-285-3268
West Virginia Office of Miners' Health, Safety & Training - 891 Stewart Street - Welch, WV 24801 304-436-8421
West Virginia Office of Miners' Health, Safety & Training - 137 Peach Court – Suite 2 - Danville, WV 25053 304-369-7823
West Virginia Office of Miners' Health, Safety & Training - 142 Industrial Drive – Oak Hill, WV 25901 304-469-8100

Section 1: This is to be completed by the applicant. Please fill in all the blanks and print clearly with a pen. In the blanks for *Mining Experience Documented on this form* you should put years and months. If you have an even number of years place a zero in the months blank. Working section experience is in MONTHS. You must have documented eighteen months working section experience to take the mine foreman examination.

Section 2: This section shows where you have worked, duties and time worked. The companies listed in this section should match the companies that are documenting your time. For example, if you worked at Joe Doe Coal Company for three years but are not having Joe Doe Company document time for you then do not list Joe Doe Coal Company in Section 2. Please remember that you must document five years of mining experience to be a mine foreman and three years to be an assistant mine foreman. After you have documented this amount of time you do not need to document additional time. For example if you have twenty years of mining experience and have worked for your current company for six years you would only have to document the six years. It would be a waste of your time to document the other fourteen years of experience. Section 2 requires you to sign and date the application and your signature must be witnessed by a Notary Public. Do not sign this form until you are in the presence of a Notary Public.

Section 3: Your signature must be witnessed by a Notary Public and they must verify that you are the person completing this application. The date you get this form notarized and the date you sign the form must be the same dates.

Section 4: This page should be completed by each company that is documenting your work experience. Directions for the person completing this form are as follows: Please document the starting and ending dates of employment for the person listed at the top of the page. If the person is still employed place the date you are completing the form as the TO date. Please list the coal company name and mine name, sign your name as the company official and then print your name and title. Also your signature must be notarized by a Notary Public.

Attach a recent photograph

This sheet is to be completed by the applicant

State of West Virginia
Office of Miners' Health, Safety and Training
1615 Washington Street East
Charleston, WV 25311-2126
WEB: www.wvminesafety.org

DO NOT WRITE IN THIS SPACE
Registration No. _____
Certification No. _____
Classification _____
Date Issued _____

Approved by: _____

Date Approved: _____

UNDERGROUND MINE FOREMAN APPLICATION

SECTION 1

Name _____
Last First Middle

Address _____
Street or P.O. Box City State Zip Phone

Date of Birth ___/___/___ Soc. Sec. No. (last four digits) _____ WV Miners Certificate No. _____

Mining Experience Documented on this form: _____ years _____ months

Working section experience _____ months.

Are you a graduate of an accredited mining engineering school? Yes _____ No _____
If yes attach a copy of your degree to this application.

UNDERGROUND EXPERIENCE

SECTION 2

Company Name	Mine Name	Company Address	Duties	Years and Months Worked	Sheet Number
				Years _____ Months _____	
				Years _____ Months _____	
				Years _____ Months _____	
				Years _____ Months _____	

Date _____

Signature of Applicant _____

NOTARIZED

SECTION 3

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

Notary Public

My commission expires _____

(Notary Seal)

SECTION 4: This section is to be completed by the company verifying the experience of the applicant.

Sheet _____ of _____

State of West Virginia
Office of Miners' Health, Safety and Training
1615 Washington Street East
Charleston, WV 25311-2126
WEB: www.wvminesafety.org

UNDERGROUND MINE FOREMAN APPLICATION

APPLICANT'S PERSONAL INFORMATION

Name _____
Last First Middle

Address _____
Street or P.O. Box City State Zip Phone

Social Security Number _____ WV Miners Certificate No. _____

SECTION 4 – To be completed by the company official verifying the mining experience.

This is to certify that _____ has had _____ years and/or _____ months of underground coal mining experience with this company, of which _____ months were on or at a working section.

_____ Employment Dates: _____/_____/_____ to _____/_____/_____
Coal Company / Mine Name month day year month day year
(do not put present)

Signature of Company Official Title of Company Official

Printed Name of Company Official Telephone Number

NOTARIZED

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

Notary Public

My commission expires _____

(Notary seal)

22A-2-21(d) Whoever knowingly makes any false statement, representation, or certification in any application, record, report, plan or other documents filed or required to be maintained pursuant to this law or any other decision issued under this law shall be guilty of a misdemeanor, and, upon conviction thereof, shall be fined not more than \$5,000 or imprisoned in the county jail not more than six months, or both fined and imprisoned.