

APPLICATION FOR EXAMINATION

SURFACE COAL MINE INSPECTOR

MINIMUM APPLICATION REQUIREMENTS:

1. A citizen of West Virginia, in good health, not less than twenty-four (24) years of age, of good character and reputation and of temperate habits;
2. must have had at least five (5) years of practical experience in coal mines, at least two years of which have been in surface mines of this state, ***PROVIDED***, that graduation from any accredited college of mining engineering may be considered the equivalent of two (2) years of practical experience;
3. a person who has a good theoretical and practical knowledge of surface mines, surface mining methods, sound safety practices and applicable mining laws and rules.

If you meet these minimum requirements, **you must attach official documentation from your employer(s) detailing your years of surface coal mining experience and the occupation(s) or classification(s) at which you were employed,** beginning with your current employer and position (or your most recent employer and position if you are not currently employed in the surface coal mine industry).

Mail the properly completed paperwork and *notarized* application to the following address:

**WV Office of Miners' Health, Safety and Training
1615 Washington Street, East
Charleston, WV 25311-2126
ATTN: Mine Inspector Examining Board**

APPLICANT INFORMATION

Name: _____ Date _____

Social Security Number: _____

WV Driver's License Number: _____

Current address: _____

Current home telephone number: (304) _____

How long have you resided at this address? Years ____ Months ____

Previous address: _____

How long did you reside at this address? Years ____ Months ____

What high school did you graduate from? _____

What year did you graduate from high school? _____

What college did you attend? _____

What year did you graduate from college? _____ (Attach copy of degree.)

If you did not earn a degree, how many college hours did you complete? _____

What other education have you completed? _____
(G.E.D.; Vocational; Technical;
Continuing; Military; Graduate...)

What certificates of competency and qualification have you been issued by the West Virginia Office of Miners' Health, Safety and Training, or its predecessor agencies?

Experienced miner certificate number: _____
Surface mine foreman certificate number: _____
Electrician certificate number: _____
Others: _____

What permissible gas detecting instruments do you have experience in using?

List employment history where you acquired the minimum five (5) years of practical surface coal mining experience beginning with your current or most recent employment first.

1.) Name and address: _____

Occupation(s) and/or classification(s): _____

Dates of employment: _____
Total experience: Years _____ Months _____

2.) Name and address: _____

Occupation(s) and/or classifications: _____

Dates of employment: _____
Total experience: Years _____ Months _____

3.) Name and address: _____

Occupation(s) and/or classification(s): _____

Dates of employment: _____
Total experience: Years _____ Months _____

4.) Name and address: _____

Occupation(s) and/or classification(s): _____

Dates of employment: _____
Total experience: Years _____ Months _____

5.) Name and address: _____

Occupation(s) and/or classification(s): _____

Dates of employment: _____
Total experience: Years _____ Months _____

6.) Attach an additional sheet if necessary.

AFFIDAVIT OF APPLICANT

I, _____, do hereby affirm that I am a resident of West Virginia. I currently have _____ years and _____ months of practical surface coal mining experience, the last year of which, at a minimum, has been acquired at a surface coal mine or surface coal mines in West Virginia. I affirm that I am in good health and that the statements and information recorded in this application are true and accurate to the best of my knowledge. I agree that if an appointment to the position of surface coal mine inspector is offered and accepted, I will accept initial assignment or a later transfer to any location in the State of West Virginia as designated by the Director of the West Virginia Office of Miners' Health, Safety and Training, pursuant to 22A-1-4(b)(3) of the West Virginia Code.

Applicant's Signature

STATE OF WEST VIRGINIA

TO WIT:

COUNTY OF _____

Acknowledged, subscribed and affirmed before me in my said county, this _____ day of _____, _____.

Notary Public

My commission expires _____.

MINE INSPECTORS EXAMINING BOARD USE ONLY

Approved: _____

Rejected: _____

Notes: _____

